

ARTICLE 46:05

ALCOHOL AND DRUG ABUSE

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CHAPTER 46:05:01

DEFINITIONS

Section

- 46:05:01:01 Definitions.

46:05:01:01. Definitions. ~~Terms defined in SDCL 34-20A-2 have the same meaning when used in chapters 46:05:01 to 46:05:21, inclusive. In addition, terms used in this article mean:~~

- ~~(1) "ASAM," the American Society of Addiction;~~
- ~~(2) "Admissions Admission," the point in a client's relationship with an agency or program at which the intake process has been completed and the individual is entitled to receive services;~~
- ~~(3)(2) "Agency," an entity seeking or holding accreditation as defined in SDCL subdivision 34-20A-2(1);~~
- ~~(4)(3) "Agency director," the individual appointed by the board of directors to be in charge of the overall management of the agency;~~
- ~~(5) "Assessment," an evaluation of a client's chemical use and physical and psychosocial condition to determine whether and what level of services a client needs;~~
- ~~(6) "At risk individuals," those members of the general public who are in need of information about substance abuse as well as individuals who are exposed to alcohol, tobacco, and other drugs-~~

~~who may possess one or more risk factors that may make them more likely to become involved with substance abuse;~~

~~(7)~~(4) "Board of directors," the entity legally responsible for the overall operation and management of the agency;

~~(8)~~(5) "CBADP," Certification Board for Alcohol and Drug Professionals;

~~(9)~~(6) "CPR," cardiopulmonary resuscitation;

~~(10)~~(7) "Case management," ~~the process of coordinating services to meet a client's needs, bringing assistance, resources, agencies, or people together within a planned framework of action to further the accomplishment of agreed upon client goals~~ activities provided by a case manager which bring services, agencies, resources, or people together, within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts;

(8) "Case manager," a staff member designated by the agency to guide a client and the client's family into achieving control of the client's own service needs by assuring the provision of multi-faceted community-based services and supports based upon the client's strengths and needs;

~~(11)~~(9) "Case staffing," a meeting of members of an agency's staff treatment team during which individual client's cases are reviewed to evaluate the progress in treatment and determine whether changes are needed in the services provided to individual clients;

~~(12) "Catchment area," the identified geographic area served by an agency as determined by the agency's governing body;~~

~~(13)~~(10) "Chemical dependency counselor," ~~an individual who by virtue of education, training, and experience is certified by the CBADP and facilitates, motivates, and guides clients to identify and resolve their problems associated with alcohol or drug abuse~~ as defined in SDCL subdivision 34-20A-2(4);

~~(14)~~(11) "~~Chemical dependency counselor~~ Counselor trainee," an individual who has met the standards established, and is recognized, by the CBADP;

~~(15)~~ "~~Chemical health,~~" a state of physical, emotional, and social well-being that exists as a result of a lifestyle that includes responsible decisions about use of alcohol, drugs, and tobacco products;

~~(16)~~(12) "Client," an individual or a group of individuals who ~~has or~~ have applied for and received program services;

~~(17)~~(13) "Clinically-managed residential detoxification program," or "Level III.2-D clinically-managed residential detoxification program," a an accredited short-term residential program providing ~~for~~ services listed in chapter 46:05:18 through the supervised withdrawal from alcohol or drugs for persons without known serious physical or immediate psychiatric complications;

(14) "Collateral contacts," telephone or face-to-face contact with individuals other than the identified client to plan appropriate treatment, assist others so they can respond therapeutically regarding the client's substance abuse problems, or link the client, family, or both, to other necessary community supports;

~~(18)~~(15) "Continued care," the provision of a treatment plan and organizational structure that will ensure that a client receives whatever kind of care needed at the time. The treatment program thus is flexible and tailored to the shifting needs of the ~~patient~~ client and level of treatment acceptance or resistance;

~~(19)~~(16) "Continued service criteria," criteria that describes the clinical severity of a ~~patient's~~ client's alcohol or other drug problem along each of the six assessment dimensions that indicate the need for continuing care in the existing level of service;

~~(20)~~(17) "Contract," a written agreement approved by an agency's board of directors or an authorized designee for specified services, personnel, or space to be provided to the agency by any other organization, agency, or individual in exchange for money;

~~(21) "Controlled drugs," those drugs defined in SDCL 34-20B-3;~~

~~(22) "Core service agency," an agency designated by the Division of Alcohol and Drug Abuse to provide prevention services, early intervention services, and outpatient services in those counties that are approved by the county commissioners of each county within the agency's catchment area~~

~~(23)~~(18) "Day treatment program;" or "Level II.5 day treatment program," a an accredited nonresidential program providing services listed in chapter 46:05:17 to clients with a minimum of 20 regularly scheduled treatment hours per week in a clearly defined, structured, intensive treatment program;

~~(24) "DEA," the federal Drug Enforcement Administration;~~

~~(25)~~(19) "Discharge summary," a narrative summary of a client's treatment record, including the reason for the client's admission, clinical problems, accomplishments during treatment, the reason for discharge, and recommendations or referrals for further services, if indicated;

~~(26)~~(20) "Diversion program," a program providing services intended to divert persons at high risk for alcohol, tobacco, and other drug use, abuse, and dependency;

~~(27) "Division," the Division of Alcohol and Drug Abuse within the Department of Human Services;~~

(21) "Division director," the individual who is appointed by the secretary of the Department of Human Services to oversee the activities of the division as outlined in SDCL chapter 34-20A;

~~(28)~~(22) "Early intervention program;" or "Level 0.5 early intervention program," a an accredited nonresidential program providing services listed in chapter 46:05:14 through direct supportive client contact, indirect or collateral client contact, community information and coordination, and liaison services, and initial or standardized treatment needs assessment or both;

~~(29)~~(23) "EMT;" or "emergency medical technician," an individual who has satisfactorily completed the course provided by the Department of Health;

(24) "Evidence based research," research based in theory that have undergone scientific evaluation;

~~(30)~~(25) "Extraordinary treatment," a treatment approach that uses nonaccredited clinical interventions, strategies, or procedures;

~~(31)~~(26) "Family counseling," the face-to-face interaction between a chemical dependency counselor or counselor-trainee and a family member of a client for a specific therapeutic purpose;

~~(32)~~(27) "Follow-up," the process of maintaining periodic contact with a discharged client to determine the status of the client's health;

~~(33)~~(28) "Group counseling," the face-to-face interaction between a chemical dependency counselor or counselor-trainee and three or more clients for a specific therapeutic purpose;

~~(34)~~(29) "High risk," refers to individuals who are exposed to or experimenting with alcohol, tobacco, or other drugs and who possess multiple risk factors for substance abuse;

~~(35) "INH," isoniazid prevention treatment for tuberculosis;~~

~~(36) "Incapacitated by alcohol or other drugs," an individual who, as a result of the use of alcohol or other drugs, is unconscious or whose judgment is otherwise so impaired that the individual is incapable of making a rational decision with respect to their need for treatment;~~

~~(37) "Independent peer review process," the review of an accredited agency by persons appointed by the secretary of the Department of Human Services, to assess quality of treatment and appropriateness of admissions in accordance with the Public Health Service act § 1916(c)(5);~~

~~(38)~~(30) "Individual counseling," the face-to-face interaction between a chemical dependency counselor or counselor-trainee and an individual client for a specific therapeutic purpose;

~~(39)~~(31) "Individual treatment plan," a comprehensive written statement of the treatment goals and measurable objectives to be achieved by a client and the interventions used for attaining those goals and objectives, including the type and frequency of services to be provided;

~~(40)~~(32) "Initial assessment and planning," an evaluation of a client's chemical use, current problems and needs, and physical and psychological condition to determine ~~whether and what the~~ level of services a client needs, and the intended course of action;

~~(41)~~(33) "Intern," a college student gaining supervised practical experience;

~~(42)~~(34) "Intensive outpatient treatment program," or "Level II.1 intensive outpatient treatment program," a an accredited nonresidential program providing services listed in chapter 46:05:16 to clients ~~a minimum of nine regularly scheduled treatment hours per week~~ in a clearly defined, structured, intensive treatment program;

~~(43)~~ ~~"Intoxicated person," a person who demonstrates diminished mental or physical capacity as a result of the use of alcohol or other drugs;~~

~~(44)~~(35) "LPN," licensed practical nurse;

~~(45)~~(36) "Level III.7 medically-monitored intensive inpatient treatment program for adults," a an accredited residential treatment program providing services listed in chapter 46:05:19 to adult clients in a 24 hour, structured environment ~~providing a minimum of 30 regularly scheduled treatment hours per week;~~

~~(46)~~(37) "Level ~~III~~ III.7 medically-monitored intensive inpatient treatment program for adolescents," a an accredited residential treatment program providing services listed in chapter 46:05:19 to adolescent clients in a 24 hour, structured environment ~~providing a minimum of 15-regularly scheduled treatment hours per week;~~

~~(47)~~(38) "Level III.1 clinically-managed, low-intensity residential treatment program," an accredited a residential program ~~that provides 24 hour,~~ providing services listed in chapter 46:05:20 to clients in a structured environment ~~providing a minimum of five regularly scheduled treatment hours per week;~~

(39) "Liaison activities," contact with multiple programs or resources that promote chemical dependency treatment;

~~(48)~~(40) "MIS," the Division of Alcohol and Drug Abuse computerized management information system designed to collect individual demographics and service information on all persons and groups receiving alcohol or drug treatment and prevention services;

~~(49)~~(41) "Nonresidential programs," accredited programs that provide alcohol and drug abuse treatment and prevention services on a less than 24-hour-a-day basis and do not provide housing for clients; such programs do provide 24-hour, on-call coverage; nonresidential programs include prevention programs, early intervention programs, outpatient services programs, intensive outpatient programs, and day treatment programs;

~~(50)~~(42) "Outpatient services program," or "Level I.0 outpatient services program," ~~a an~~ accredited nonresidential program providing services listed in chapter 46:05:15 to clients through regularly scheduled counseling services ~~of fewer than nine counseling hours per week~~ to those persons harmfully affected by alcohol or drugs;

~~(51)~~(43) "Pathological gambling," persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits;

~~(52)~~ "~~Personal growth,~~" ~~the emotional, intellectual, physical, spiritual, and social growth of~~ ~~individuals;~~

~~(53)~~ "~~Prevention certification,~~" ~~the process of credentialing prevention professionals based upon a set of practice standards and professional experience requirements published by the CBADP;~~

~~(54)~~(44) "Prevention program," an accredited program providing services listed in chapter 46:05:13 through a planned and recurring sequence of multiple, structured activities established to inform, educate, impart skills, deliver services, and ~~or~~ provide appropriate referrals for other services, through the practice and application of recognized prevention strategies;

~~(55)~~(45) "Prevention training," the provision of structured instruction to develop professional proficiency in prevention program design, development, and delivery;

(46) "Probation," a status of restricted accreditation of an agency that fails to follow the requirements for accreditation;

~~(56)~~(47) "Program," a specific drug, ~~or alcohol, or gambling level of service component~~ offered by an agency;

~~(57) "Qualified nursing personnel," a licensed practical nurse or a registered nurse;~~

~~(58)~~(48) "RN," licensed registered nurse;

~~(59)~~(49) "Residential program," a an accredited program that provides housing and food services in addition to alcohol and drug abuse treatment services on a 24-hour, 7-day-per-week basis; residential programs include Level III.2-D clinically-managed residential detoxification programs, Level ~~III~~ III.7 medically-monitored intensive inpatient treatment programs for adolescents, Level III.7 medically-monitored intensive inpatient treatment programs for adults, or Level III.1 clinically-managed low-intensity residential treatment programs;

~~(60)~~(50) "Revoke," the permanent ~~invalidation of approval of the accreditation~~ withdrawal of an alcohol or drug abuse ~~agency~~ agency's accreditation by the division;

~~(61) "SDCDCCB," South Dakota Chemical Dependency Counselor Certification Board dba, the Certification Board for Alcohol and Drug Professionals (CBADP);~~

~~(62) "Schedule II, III, or IV drugs," drugs defined in SDCL 34-20B-3; and in the schedule of controlled drugs and substances in §§ 34-20B-15 to 34-20B-26, inclusive;~~

(51) "Standardized treatment needs assessment;" or "assessment," a clinical assessment tool approved by the division which evaluates the disease course, stage, and prognosis in order to determine the level of care needed and to identify or rule out other diagnoses;

~~(63)~~(52) "Suspension," the temporary ~~invalidation of approval~~ withdrawal of an ~~accredited~~ alcohol and drug abuse ~~agency~~ agency's accreditation by the division;

~~(64)~~(53) "Transfer," movement of the client from one level of service to another, ~~within the continuum of care;~~

~~(65) "Treatment needs assessment," a clinical assessment which evaluates the disease course, stage, and prognosis in order to determine the level of care needed and to identify or rule out other diagnoses;~~

~~(66)~~(54) "UAP," unlicensed assistive personnel;

~~(67)~~(55) "Volunteer," an individual who provides unpaid assistance to an agency or program;

~~(68)~~(56) "Work therapy," a therapeutic task based on the client's physical abilities, interest level, and proficiency used to habilitate or rehabilitate a client.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL ~~34-20A-3-1~~, 34-20A-6, 34-20A-9, 34-20A-10, 34-20A-16, 34-20A-27, 34-20A-91.

CHAPTER 46:05:02

ACCREDITATION

Section

- 46:05:02:01 Accreditation of agencies by program classification.
- 46:05:02:02 Application for accreditation.
- 46:05:02:03 ~~Pre-accreditation and annual~~ Provisional accreditation ~~renewal and~~ inspections.
- 46:05:02:04 Policies and procedures subject to approval.
- 46:05:02:05 Accreditation issued if agency in compliance.
- 46:05:02:06 Extension of accreditation period.
- 46:05:02:07 Accreditation certificate nontransferable.

- 46:05:02:08 Statement of deficiencies -- Plan of correction -- Site visit.
- 46:05:02:09 Reasons for ~~denial, revocation, or suspension~~ probation of accreditation.
- 46:05:02:09.01 Probation procedures.
- 46:05:02:09.02 Suspension or revocation procedures.
- 46:05:02:09.03 Acceptance of new clients prohibited.
- 46:05:02:10 Access by the division.
- 46:05:02:11 Denial of accreditation.
- 46:05:02:12 Reconsideration of application for accreditation.
- 46:05:02:13 Changes requiring notification.
- 46:05:02:14 Appeal procedure.
- 46:05:02:15 Time and place of hearing – Time extension.

46:05:02:01. Accreditation of agencies by program classification. Agencies that provide alcohol or drug services may apply for accreditation by the division. Agencies shall comply with ~~these~~ rules in this article that apply to ~~the~~ program classifications for which the accreditation is granted. Agencies may apply for one or more of the following program classifications:

- (1) Prevention program;
- (2) Level 0.5 ~~Early~~ early intervention program;
- (3) Level I.0 ~~Outpatient~~ outpatient services program;
- (4) Level II.1 ~~Intensive~~ intensive outpatient treatment program;
- (5) Level II.5 ~~Day~~ day treatment program;
- (6) Level III.2-D ~~Clinically~~ clinically-managed residential detoxification program;

(7) Level ~~III~~ III.7 medically-monitored intensive inpatient treatment program for adolescents ~~and or~~ Level III.7 medically-monitored intensive inpatient treatment program for adults;

(8) Level III.1 clinically-managed low-intensity residential treatment program; ~~and or~~

(9) Gambling program.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(~~1~~)(4).

Law Implemented: SDCL 34-20A-27, 34-20A-44.

46:05:02:02. Application for accreditation. An agency seeking to operate an accredited drug, alcohol, and gambling program ~~may~~ must submit an application for accreditation to the division. The division shall make accreditation application forms available upon request to agencies seeking initial accreditation for the first time or for a new level of care to a currently accredited agency. For an agency seeking renewal of accreditation. ~~The~~ the division shall provide the necessary application forms to ~~accredited agencies~~ the agency at least 60 days prior to the expiration of agency's current accreditation to ~~initiate the pre-accreditation process.~~ ~~The application shall include the following information:~~

~~(1) Name, address, and telephone number of the agency;~~

~~(2) Name, address, and telephone number of the agency director;~~

~~(3) Name, address, and telephone number of a designated alternate who will assume primary responsibility in the absence of the agency director;~~

~~(4) Name of the corporation owning or operating the agency;~~

~~(5) Type of agency as to profit or nonprofit status;~~

- ~~(6) Names, addresses, and occupations of the board of directors;~~
- ~~(7) Classifications being applied for and a descriptive summary of those services and activities provided relative to each classification;~~
- ~~(8) Estimated client capacity of each program classification;~~
- ~~(9) Certification status of each staff member providing counseling services employed by the agency;~~
- ~~(10) Listing of agency's staffing requirements;~~
- ~~(11) The agency budget, audit, and annual report. The annual report should be an overview of the agency and include a summation of the services provided, program changes, and goals accomplished;~~
- ~~(12) A copy of the filed incorporation report required by the secretary of state;~~
- ~~(13) For programs that are subject to the provisions of SDCL chapter 34-12, a copy of the agency's current license issued by the Department of Health, current environmental and safety reports, and National Fire Prevention Association Life Safety Code inspection reports;~~
- ~~(14) A copy of the agency's admission, continued service, and discharge criteria; and~~
- ~~(15) Documentation of insurance coverage, including bonding, sufficient to cover all client funds, property, and interests.~~

Applicants must supply all information requested on the application. An incomplete application will be returned to the applicant and will not be considered until properly completed.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(4).

Law Implemented: SDCL 34-20A-27, 34-20A-44.

Cross-References:

Licensed required to operate institutions, SDCL 34-12-2.

Fire safety code requirements, §44:04:03:01.

Dietetic standards for all facilities, §44:04:07:01.

Policies and procedures, §44:04:08:02.

46:05:02:03. ~~Pre-accreditation and annual accreditation renewal~~ Provisional

accreditation and inspections. ~~After the division receives an agency's application for accreditation, and before it issues an accreditation certificate, the director of the division or an official representative shall inspect the agency to ensure that the agency is in compliance with SDCL chapter 34-20A and this article. A provisional accreditation certificate for initial accreditation or a new level of care may only be issued to an agency upon submission of a completed application and a preliminary inspection by the division. The agency must be in compliance with the requirements of SDCL chapter 34-20A and this article.~~

A provisional accreditation shall be issued for not more than six months and may not be extended except with the approval of the division to accommodate division inspection scheduling delays not to exceed an additional three months. A review inspection shall be conducted prior to the expiration of the provisional accreditation to determine if the requirements of SDCL chapter 34-20A and this article have been met at which time the division shall take one of the following actions:

- (1) Grant a one year accreditation certificate for a new agency;
- (2) Grant accreditation up to the end date of the original certification for a currently accredited agency; or
- (3) Deny accreditation.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(4).

Law Implemented: SDCL 34-20A-27, 34-20A-44.

46:05:02:04. Policies and procedures subject to approval. All agency policies, procedures, and other requirements of article 46:05 are subject to the approval of the division as a part of the accreditation process.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(3)(4)(5)(6).

Law Implemented: SDCL ~~34-20A-7~~ 34-20A-27.

46:05:02:05. Accreditation renewal issued if agency in compliance. The division ~~shall~~ may issue an accreditation certificate following an evaluation of the on-site inspection that ensures the agency is in compliance with SDCL chapter 34-20A and this article. The division shall make a ~~Decisions~~ decision concerning compliance ~~shall be made~~ within ~~30~~ 90 days of the date of the last inspection ~~and shall be based on the rating~~ evaluation of each component of the application ~~by the division~~. ~~An agency seeking accreditation for the first time shall demonstrate its intent to meet the requirements of SDCL chapter 34-20A and this article at the time of the inspection. If the intent is demonstrated, a conditional accreditation shall be issued for not more than six months. Prior to the expiration of the conditional accreditation period, the division shall conduct a review inspection to determine performance compliance.~~ The division may take one of the following actions:

(1) Issue a ~~full~~ three year accreditation certificate ~~for a period of two years~~ if an agency is at least 90 percent in compliance with SDCL chapter 34-20A and this article and upon submission of a corrective action plan approved by the division;

(2) Issue a ~~full two year~~ accreditation certificate ~~for a period of one year~~ if an agency is ~~80~~ 70 to 89 percent in compliance ~~with SDCL chapter 34-20A and this article, with~~ and upon submission of ~~an acceptable~~ a corrective action plan approved by the division;

(3) ~~Issue a full accreditation certificate for a period of one year~~ Place an agency on probation for not more than six months if an agency is ~~70~~ 69 percent or below in compliance, ~~with SDCL chapter 34-20A and this article, with submission of an acceptable corrective action plan~~ A one year accreditation certificate may be issued upon successful completion of a corrective action plan approved by the division and attainment of at least 70 percent compliance; or

(4) Deny accreditation ~~pursuant to the requirements of SDCL chapter 1-26~~ if an the agency fails to ~~receive a minimum of 70 percent compliance with SDCL chapter 34-20A and this article~~ meet the requirements set forth in SDCL chapter 34-20A and this article or fails to submit a corrective action plan approved by the division.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27~~(1)(2)(3)(4)(5)(6)~~.

Law Implemented: SDCL 34-20A-27.

46:05:02:06. Extension of accreditation period. The division director may extend the period of accreditation to accommodate division on-site scheduling delays. The reasons for extension shall be documented and maintained by the division. No extension may exceed a period of one year beyond the certificate expiration date.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27~~(4)~~.

Law Implemented: SDCL ~~34-20A-7~~34-20A-27.

46:05:02:07. Accreditation certificate nontransferable. A certificate issued by the division director applies only to the applicant agency, the original facilities, and for the program classifications for which the certificate was issued. The division director must be notified in writing within 30 days prior to a change of ownership, facility, or programs for determination on continued accreditation. ~~In the event of a natural disaster, the division director must be notified as soon as possible so arrangements can be made for the transfer of the applicant agency and facilities.~~ A new application for accreditation must be filed if there is a change of ownership, facility, or programs.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2).

Law Implemented: SDCL 34-20A-27.

46:05:02:08. Statement of deficiencies -- Plan of correction -- ~~Site visit.~~ If an agency receives a compliance rating between 70 percent and 80 percent, fails to be in compliance, a statement of deficiencies noting areas of noncompliance shall be issued by the division. ~~Within 30 days after receipt of the statement, the agency shall submit to the division a~~ The agency must submit a plan of correction to the division within 30 days of receipt of the statement of deficiencies. The plan of correction detailing shall detail the action to be taken to correct the deficiencies and the date by which the corrections will be made. The plan of correction is subject to acceptance or rejection in whole or in part by the division. The division shall notify the agency within 30 days of receipt of the plan of correction of its decision regarding approval of the plan of correction and accreditation of the agency. The division may specify a timetable for deficiency correction if the applicable deficiencies are detrimental to the health, safety, and welfare of the client or to the quality of care provided. Upon receipt of a plan of correction acceptable to the division, accreditation shall be issued. Within six

~~months after issuing the accreditation, the division director shall determine the need for an on-site visit. If necessary, a division representative shall~~ The division may conduct an on-site inspection of the agency to evaluate the corrections made. Failure to submit a plan of correction or failure to have the plan of correction approved by the division will result in probation, suspension, or revocation of accreditation.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(3)(4)(5)(6).

Law Implemented: SDCL 34-20A-27, 34-20A-44.

46:05:02:09. Reasons for ~~denial, revocation, or suspension~~ probation of accreditation.

~~Subject to SDCL chapter 1-26, the~~ The division Department of Human Services may ~~deny, revoke, or suspend the accreditation of an agency~~ place the agency on probation for any of the following reasons:

- (1) The agency does not meet the standards for the types of program classifications for which the application was made or for which the agency ~~was accredited~~ was granted accreditation;
- (2) The agency or any of its personnel or governing body violates client confidentiality;
- (3) The agency is in violation of a safety or sanitation law or rule and fails to correct the violation;
- (4) The agency fails to comply with the data gathering requirements of the MIS;
- (5) The agency or any of its personnel or governing body exploit or abuse clients by, for example, engaging in or suggesting sexual activities with a any client ~~or clients~~, taking financial advantage of a any client ~~or clients~~, or exploiting a relationship with the agency to enhance a private practice;

(6) The agency falsifies information provided to the division for accreditation or funding purposes or fails to comply with billing procedures as outlined by the department contract and block grant requirements;

(7) The agency or its personnel or governing body participates in, condones, ~~or~~ permits, aids, abets, or is associated with fraud, deceit, coercion, misrepresentation, unethical, or any illegal acts;

(8) The agency does not provide clients with accurate and complete information regarding the extent and nature of the services available;

(9) The agency fails to treat the clients with common human dignity and respect for their welfare;

(10) The agency violates any part of SDCL chapter 34-20A or this article ~~46:05;~~ ~~or~~

(11) The agency conducts, participates in, condones, or associates with any other practice which ~~jeopardizes~~ seriously affects the safety, ~~or~~ health, welfare, rights, or habilitation of any client ~~or patient~~ it serves;

(12) The agency fails to correct the deficiencies as indicated in the plan of correction by the date indicated in the plan of correction;

(13) The agency fails to comply with all licensing and other standards required by federal or state laws or regulations to include South Dakota Department of Health licensing regulations for residential programs, adherence to federal confidentiality laws, or 45 C.F.R. Parts 160 and 164 (April 17, 2003), that may result in practices which are detrimental to the welfare of the client; or

(14) The agency fails to allow the division access for accreditation inspections, complaint inspections and any necessary follow-up inspections.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27~~(1)(2)(3)(4)(5)(6).~~

Law Implemented: SDCL 34-20A-9, 34-20A-10, 34-20A-27, 34-20A-44, 34-20A-46, 34-20A-48, 34-20A-90.

46:05:02:09.01. Probation procedures. When the division determines that it has sufficient cause to place an agency on probation, the following actions shall occur:

(1) The division shall send the agency written notice of probationary status and statement of deficiencies;

(2) The agency shall develop a plan of correction pursuant to § 46:05:02:08 within 30 days of receipt of notice of probationary status;

(3) The division shall notify the agency within five business days of its decision regarding approval of the plan of correction;

(4) The division may conduct a site visit at least once during the probationary period and at the end of the probationary period. At the end of the probationary period the division may take one of the following actions:

(a) Grant a one year accreditation certificate if the agency has successfully obtained at least 70 percent compliance; or

(b) Suspend or revoke the agency's accreditation.

Source:

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27, 34-20A-46.

46:05:02:09.02. Suspension or revocation procedures. The division shall give a written notice of its intent to suspend or revoke the agency's accreditation and that such suspension or revocation is effective 15 days after receipt of the notification. This notice shall contain the reasons for the division's action, the opportunity for the agency to request reconsideration by the division,

and the appeal process. A request for reconsideration must be in writing and received by the division within 15 days of receipt of notification of suspension or revocation.

Source:

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27, 34-20A-40, 34-20A-46.

46:05:02:09.03. Acceptance of new clients prohibited. An agency which has been placed on probation or whose accreditation has been suspended is prohibited from accepting new clients. New clients may only be accepted upon approval by the division of a corrective action plan.

Source:

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27, 34-20A-46.

46:05:02:10. Access by the division. Regardless of the term of an agency's accreditation certificate, the division shall monitor for continued compliance with this article. An agency is subject to review with or without notice by the division. The division's right to access shall include complete access to all clients and staff, and to all client, staff, financial, and administrative program records needed to determine whether the agency meets the requirements of SDCL chapter 34-20A and this article. The division may review and copy records in compliance with 42 C.F.R. Part 2 (June 9, 1987).

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(3)(4)(5)(6).

Law Implemented: SDCL 34-20A-27, 34-20A-44, 34-20A-44.1.

46:05:02:11. Denial of accreditation. ~~If the secretary of the Department of Human Services~~
~~division director~~ denies accreditation, the division ~~director~~ shall notify the agency by certified mail,
return receipt requested, within 90 days of the final inspection that the denial becomes ~~final~~ effective
~~in 15 days unless the agency requests reconsideration or a hearing under SDCL chapter 1-26 after~~
receipt.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(3)(4)(5)(6).

Law Implemented: SDCL 34-20A-27, ~~34-20A-20~~, 34-20A-46, 34-20A-48.

46:05:02:12. Reconsideration of application for accreditation. ~~The secretary of the~~
~~Department of Human Services and the~~ division director shall reconsider an application that has been
denied ~~or issued as a conditional accreditation certificate~~ if within 15 days after receipt of the notice
of denial the applicant requests a reconsideration, ~~with or without substantial changes, within 15 days~~
~~after the receipt of the notice of denial.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(3)(4)(5)(6).

Law Implemented: SDCL 34-20A-27, 34-20A-46.

46:05:02:13. Changes requiring notification. Accredited agencies shall notify the division
director prior to any of the following changes in order to permit the division to determine whether
any changes in accreditation status are necessary:

- (1) Change in the agency director, medical director, or clinical supervisor;
- (2) ~~Change~~ Reduction in services ~~or program classifications~~ provided by the agency; or
- (3) The impending closure of the agency.

Accredited agencies shall give the division 15 days written notice of closure. The ~~agency's board of directors~~ agency shall provide the division written documentation which ensures safe storage of financial records for at least five years from the date of closure, and of client case records for a minimum of six years from closure in accordance with 42 C.F.R. § 2.19 (June 9, 1987). The division may assist in making arrangements for the continuation of services to clients by another accredited agency prior to the closing.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27~~(1)(2)(3)(4)(5)(6)~~.

Law Implemented: SDCL 34-20A-27, 34-20A-90.

46:05:02:14. Appeal procedure. An agency may appeal to the secretary of the department the denial, probation, suspension, or revocation of accreditation, by notifying the department by certified mail within 15 calendar days after receipt of notification of the division's action and requesting a fair hearing pursuant to SDCL chapter 1-26.

Source:

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27, 34-20A-46, 34-20A-48.

46:05:02:15. Time and place of hearing -- Time extension. A fair hearing by an impartial hearing officer shall be held within 45 days after receipt of a request by the agency. The impartial hearing officer shall set a time and place for the hearing to be held at the earliest reasonable time. The hearing officer may continue the hearing at the request of any parties involved and upon agreement by the parties to a specific extension of time.

Source:

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27, 34-20A-46, 34-20A-48.

CHAPTER 46:05:03

GOVERNANCE

Section

- 46:05:03:01 Incorporation of agencies.
- 46:05:03:02 Board of director policies.
- 46:05:03:03 Board meetings and minutes of meetings.
- 46:05:03:04 Agency director.
- 46:05:03:05 Organizational chart.
- 46:05:03:06 Policies and procedures manual to be maintained.
- 46:05:03:07 Discrimination in services prohibited.

46:05:03:01. Incorporation of agencies. Each agency that provides Level II.1 intensive outpatient treatment services, Level II.5 day treatment services, Level III.2-D clinically-managed residential detoxification services, Level III.7 medically-monitored intensive inpatient treatment services for adolescents or adults, or Level III.1 clinically-managed low-intensity residential treatment services, that is not a state governmental agency or a federally recognized Indian tribe shall be incorporated as, or as a part of, either a business corporation or a nonprofit corporation in accordance with SDCL chapters 47-1 and 47-22 to 47-28, inclusive, or chapters 47-2 to 47-9, inclusive.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

46:05:03:02. Board of director policies. ~~The~~ Any agency required to have a board of directors shall establish policies which shall govern the overall management of the agency. The policies shall reflect community concerns and interests.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

46:05:03:03. Board meetings and minutes of meetings. The board of directors of ~~each~~ that agency shall meet at least quarterly. Minutes of all board of director meetings shall be kept. The minutes shall include at least the following:

- (1) The date of the meeting;
- (2) The names of members attending;
- (3) The topics discussed;
- (4) The actions taken;
- (5) A summary of the agency director's report;
- (6) Any fiscal reports; and
- (7) Quality of care reports on a quarterly basis.

The minutes shall be available for review by the division.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

46:05:03:04. Agency director. ~~The board of directors~~ Each agency shall appoint have an agency director appointed whose qualifications, authority, and duties are defined in writing and who is knowledgeable of drug and alcohol services and possess administrative skills. If the agency has a board of directors, the agency director shall be appointed by that board. The agency director shall represent the board of directors and be charged with the day-to-day management of the agency. The board of directors shall ensure that, at the time of employment, the agency director has knowledge of the administrative rules pertaining to alcohol and drug programs.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(5).

Law Implemented: SDCL 34-20A-27(1)(5).

46:05:03:05. Organizational chart. Each agency shall have an up-to-date organizational chart indicating lines of authority from the board of directors, if the agency has a board, or the agency director, and lines of authority for all job classifications. The organizational chart shall be made available to all staff members, the board of directors, if applicable, and the division.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(5)(6).

Law Implemented: SDCL 34-20A-27(1)(5).

45:05:03:06. Policies and procedures manual to be maintained. Each agency shall have a policies and procedures manual ~~which includes those policies maintained by the board of directors to supervise the direction and activities of the agency and those policies and procedures used to~~ establish compliance with ~~chapters 46:05:01 to 46:05:21, inclusive,~~ this article in accordance with the services provided. If the agency has a board, the manual shall also include policies used by the board to supervise the direction and activities of that agency.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 12, 1999.

General Authority: SDCL 34-20A-27(1)(2)(3)(4)(5)(6).

Law Implemented: SDCL 34-20A-27.

46:05:03:07. Discrimination in services prohibited. No agency may deny any person equal access to its facilities or services on the basis of race, color, religion, gender, ancestry, national origin, mental or physical illness, or disability unless such illness or disability makes treatment offered by the agency non-beneficial or hazardous. All agencies shall ensure that they comply with

the federal Americans with Disabilities Act, ~~28~~ 42 U.S.C. §§ 12101 et seq. and 28 C.F.R. Part 36 (July 1991). Referral services shall be provided to individuals not admitted to treatment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3).

Law Implemented: SDCL 20-13-1(12), 20-13-23, 20-13-23.1, 34-20A-27(3), 29 U.S.C. §794.

CHAPTER 46:05:04

FISCAL MANAGEMENT

Section

- 46:05:04:01 Annual budget.
- 46:05:04:02 Availability and content of fiscal reports.
- 46:05:04:03 ~~Annual~~ Accounting systems, cost reporting and annual audit.
- 46:05:04:04 ~~Uniform accounting procedures~~ Repealed.
- 46:05:04:05 Payment review.
- 46:05:04:06 Program fees to be made available.
- 46:05:04:07 Written fiscal management policies.

46:05:04:01. Annual budget. ~~The agency director shall develop and the board of directors shall approve, a formal line item budget indicating expected revenues and expenses before the beginning of each fiscal year. The agency budget shall document projected personnel and operating expenditures by line item and program classification and projected revenues by source and time period, including client fees for services, grant or contract funds from governmental units, and public~~

~~or private third-party reimbursement. The board of directors shall approve the agency's budget annually and document approval in the minutes in accordance with § 46:05:03:03. An accredited agency shall develop a formal line item budget indicating expected revenues and expenses before the beginning of each fiscal year. The agency budget shall document projected personnel and operating expenditures by line item and program classification and projected revenues by source and time period, including client fees for services, grant or contract funds from governmental units, and public or private third-party reimbursement. The agency director and the board of directors, if the agency has a board, shall approve the budget each fiscal year and document the approval in the minutes in accordance with § 46:05:03:03. For an agency without a board, a copy of the annual budget shall be made available to the division for review.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

46:05:04:02. Availability and content of fiscal reports. A fiscal report shall be ~~presented to the board of directors~~ compiled at least quarterly. ~~The report shall review the variances between the projected revenues and expenditures and the actual revenues and expenditures for each specific income source and each specific expense category in the agency budget. The report shall also break down revenues and expenditures by program. The final report of each year may be the fourth quarterly report. The reports shall be documented in the board minutes in accordance with~~ § 46:05:03:03. The fiscal report shall review the variances between the projected revenues and expenditures and the actual revenues and expenditures for each specific income source and each specific expense category in the agency budget. The report shall also break down revenues and expenditures by program. The final report of each year may be the fourth quarterly report. If the

agency has a board, the report shall be presented to the board of directors at least quarterly and documented in the board minutes in accordance with § 46:05:03:03. For an agency without a board, a copy of the fiscal report shall be made available to the division for review.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

46:05:04:03. Annual Accounting systems, cost reporting and annual audit. ~~The An~~
~~accredited agency shall have an annual audit of its accounts and accounting procedures conducted by~~
~~an independent certified public accountant. An audit of a parent organization which includes an audit~~
~~of the agency complies with this section, if the agency information is clearly identified within the~~
~~parent organization audit. State agencies shall have an audit completed by the Department of~~
~~Legislative Audit~~ maintain an accounting system pursuant to generally accepted accounting practices
(GAAP). If required, the agency must submit to the department a copy of an annual entity-wide,
independent financial audit. The audit shall be completed and filed with the department by the end of
the fourth month following the end of the fiscal year being audited.

Audits conducted in accordance with this provision shall contain, as part of the supplementary
information, a cost report as outlined by the department. If applicable, the audit shall be conducted in
accordance with the Federal Office of Management and Budget (OMB) Circular A-133 by an auditor
approved by the Auditor General to perform the audit.

For either an entity-wide, independent financial audit or an A-133 audit, the agency shall
assure resolution of all interim audit findings. The agency shall facilitate and aid any such reviews,
examinations, agreed upon procedures the department or its contractor(s) may perform.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

Reference: Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", June 27, 2003. Copies are available free of charge from the following web site: www.whitehouse.gov/omb/circulars.

46:05:04:04. Uniform accounting procedures. ~~Each agency shall use an accounting system which is in accordance with § 20:37:11:08. Accounting procedures shall allow for the accumulation of program costs to help in determining the cost per unit of service~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

~~General Authority:~~ ~~SDCL 34-20A-27(1).~~

~~Law Implemented:~~ ~~SDCL 34-20A-27.~~

46:05:04:05. Payment review. The board of directors or designee authorized by the board, if the agency has a board, or the agency director must review and authorize all ~~agency~~ contracts.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

46:05:04:06. Program fees to be made available. The agency shall provide its clients, referral resources, the public, and the division with up-to-date information regarding the fees charged. The information shall include the fee per unit of service and any standard fees not included

in the unit rate charged by the agency. State correctional alcohol and drug programs are exempt from this section.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

46:05:04:07. Written fiscal management policies. Each agency, with the exception of state operated alcohol and drug programs, shall establish written policies and procedures regarding fiscal management, including:

(1) Control of inventories, including purchasing authority and procedures, product selection and evaluation, and supply storage and distribution;

(2) Control of accounts receivable, including handling of cash, credit for services, write-offs or free services, and billing for services;

(3) Control of accounts payable, including disbursements and authority for making payment; and

(4) Billing procedures, including a mechanism to identify delinquent accounts. Collection of delinquent accounts must be in accordance with 42 U.S.C. §§ 290 ~~dd-3~~ and ~~ee-3~~ dd-2 and 42 C.F.R. Part 2 (June 9, 1987), and 45 C.F.R. Parts 160 and 164 (April 17, 2003). ~~This subdivision is not applicable to state and federal alcohol and drug programs.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1).

Law Implemented: SDCL 34-20A-27(1).

CHAPTER 46:05:05

PERSONNEL

Section

- 46:05:05:01 Orientation of personnel.
- 46:05:05:02 Tuberculin ~~testing~~ infection control and screening requirements.
- 46:05:05:03 ~~Qualifications of personnel~~ Repealed.
- 46:05:05:04 Qualifications of chemical dependency counselors.
- 46:05:05:05 ~~Adequate personnel to be provided~~ Repealed.
- 46:05:05:06 ~~Personnel policies and procedures manual~~ Repealed.
- 46:05:05:07 ~~Staff development training plan~~ Repealed.
- 46:05:05:08 Personnel files.
- 46:05:05:09 Employee supervision.
- 46:05:05:10 ~~Personnel performance reviews~~ Repealed.
- 46:05:05:11 Clinical supervision.
- 46:05:05:12 ~~Volunteer service policies~~ Repealed.

46:05:05:01. Orientation of personnel. The agency shall provide orientation for all employees, ~~and interns, and volunteers.~~ ~~All employees shall receive orientation~~ within ten working days after employment. The orientation shall be documented and shall include at least the following items:

- (1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;
 - (2) The confidentiality of all information about clients, including a review of 42 C.F.R. Part 2 (June 9, 1987), and 45 C.F.R. Parts 160 and 164 (April 17, 2003);
 - (3) The proper maintenance and handling of client case records;
 - (4) The agency's philosophical approach to treatment and the agency's goals, including specific orientation regarding individuals with mental illness, developmental disabilities, substance abuse, or gambling addiction, or any combination thereof;
 - (5) The procedures to follow in the event of a medical emergency or a natural disaster;
 - (6) The specific job descriptions and responsibilities of employees;
 - (7) The agency's policies and procedure manual maintained in accordance with § 46:05:03:06;
- and
- (8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(3)(4)(5)(6).

Law Implemented: SDCL 34-20A-27, 34-20A-90.

46:05:05:02. Tuberculin testing infection control and screening requirements. ~~Tuberculin testing shall be conducted within six months prior to the start of employment or within the first ten days after employment. All alcohol and drug program employees including agency directors shall be tested. Testing shall be done in accordance with the Department of Health clinically accepted test procedures, and must be read by a LPN or a RN.~~

~~(1) New employees must receive the two-step method of mantoux testing. Skin testing is not necessary if the new employee can document previous positive reaction to skin testing. New employees who have a positive reaction to the skin test shall seek a medical evaluation and chest X-ray to determine the absence or presence of the active disease;~~

~~(2) All employees who have a negative reaction to the skin test shall be tested annually using the one-step mantoux method of tuberculin skin testing;~~

~~(3) If an employee has a positive reaction to the skin test during re-testing, the employee shall seek a medical evaluation and chest X-ray to determine the absence or presence of the active disease;~~

~~(4) Employees who have a positive reaction to the skin test and a negative chest X-ray, and who have completed a minimum of six consecutive months of INH preventive treatment shall only be required to present documentation that they have had a previous positive reaction to the skin test and have undergone INH treatment;~~

~~(5) Employees who have a positive reaction to the skin test and a negative chest X-ray, and who have not or are unable to complete the INH treatment shall be evaluated by their physician annually. This evaluation may or may not include a chest X-ray, based upon the opinion of the attending physician;~~

~~(6) Employees and clients who have active tuberculosis shall be restricted from employment and attendance at the facility until it is determined, by laboratory evaluation, that the tuberculosis is noninfectious; and~~

~~(7) Prevention program employees who have a negative reaction to the skin test shall be tested annually only if the prevention program functions in a high-risk tuberculosis area as determined by the Department of Health.~~

Each agency shall conduct an annual tuberculin risk assessment to evaluate the risk for transmission of Mycobacterium tuberculosis within the agency. The risk assessment shall utilize the tuberculin risk assessment worksheet developed by the South Dakota Department of Health

and the assessment will be conducted according to the guidelines outlined in the 2005 Centers for Disease Control document, “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”. The risk assessment will be based on the number of tuberculosis cases in the community (defined as the counties of residence for the staff and clients of the agency during the calendar year that is being assessed) and the number of active tuberculosis cases which were admitted to the agency. Based on the results of the risk assessment, a written tuberculosis infection control plan shall be written and implemented and appropriate agency policies and procedures written. The tuberculosis risk assessment will be conducted annually and changes will be made to the tuberculosis infection control plan and agency policies as needed.

(1) Any new employee shall receive a two-step method of Mantoux skin test to establish a baseline within 14 days of employment. Any two documented Mantoux skin tests completed within a 12-month period from the date of hire shall be considered a two-step. Skin testing is not necessary if documentation is provided of a previous positive result.

(2) Any employee, of a minimal or low risk facility as determined by the annual tuberculin risk assessment, who has a negative reaction to the Mantoux skin test is not required to have an annual skin test.

(3) Any employee involved in the initial assessment or admission department of an agency that provides Level III.2-D clinically-managed residential detoxification program, Level III.7 medically-monitored intensive inpatient treatment program for adults or adolescents, or Level III.1 clinically-managed low-intensity residential treatment program is required to have an annual skin test.

(4) Any employee who has a positive reaction to the Mantoux skin test shall obtain a medical evaluation and chest X-ray to determine the absence or presence of the active disease.

(5) Any employee identified to have a positive reaction to the Mantoux skin test shall be evaluated annually by a designated staff person and a record maintained of the absence or presence of the following symptoms:

- (a) Productive cough for a two to three week duration;
- (b) Unexplained night sweats;
- (c) Unexplained fevers; or
- (d) Unexplained weight loss.

Any employee identified to have one or more of the above symptoms shall immediately consult a physician for a medical evaluation and chest X-ray to determine if they have active tuberculosis. Any employee confirmed or suspected to have infectious tuberculosis will be restricted from employment until a physician determines them no longer infectious.

(6) Any employee exposed to an infectious case of tuberculosis shall be screened within 24 hours by a Mantoux skin test, or chest X-ray if indicated, as recommended and directed by the South Dakota Department of Health, TB Control Program.

Source:

General Authority: SDCL 34-20A-27(1)(6).

Law Implemented: SDCL 34-20A-27(1)(6), 34-22-8, 34-22-11.

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website: www.cdc.gov/nchstp/tb/.

46:05:05:03. Qualifications of personnel. Professional staff, ~~excluding chemical dependency counselors, who provide agency services must be licensed in accordance with SDCL chapter 36-26, 36-27A, 36-32, or 36-33, by the state of South Dakota. Chemical dependency counselors must meet the requirements in § 46:05:05:04 Repealed.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(5).

Law Implemented: SDCL 34-20A-12, 34-20A-27.

46:05:05:04. Qualifications of chemical dependency counselors. Agency staff providing chemical dependency counseling must meet the standards for chemical dependency counselors published as of March 12, 1998, in the **SDCDCCB Certification Standards Manual** or counselor trainees in accordance with CBADP requirements. A certificate and identification card issued by CBADP is evidence of meeting the standards for a counselor or certificate of recognition for a trainee. ~~Counselor trainees may provide chemical dependency counseling if the trainee meets the standards published as of March 12, 1998, **SDCDCCB Certification Standards Manual**. A certificate of recognition issued by CBADP is evidence of meeting the standards for a trainee.~~ Counselor certification or trainee recognition must be ~~applied for~~ obtained prior to ~~or within ten~~ working days after employment. ~~CBADP certification or recognition must be granted prior to agency staff performing any chemical dependency counseling functions.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(5).

Law Implemented: SDCL 34-20A-27(1)(5), 36-34-12.

Reference: ~~Chemical dependency counselor standards and trainee standards published as of March 12, 1998, in the SDCDCCB Certification Standards Manual. Copies of the manual may be obtained from the Certification Board for Alcohol and Drug Professionals, P.O. Box 1797, Sioux Falls, SD 57101-1797.~~

46:05:05:05. Adequate personnel to be provided. ~~The agency shall establish the level of staffing, including the counselor to client ratio necessary to provide for client health, safety, and welfare, and for quality care. The agency shall monitor the adequacy of personnel and shall document the results at least once a year. The results shall be reported to the board of directors and shall be available to the division~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(4)(5)(6).

Law Implemented: ~~SDCL 34-20A-27.~~

46:05:05:06. Personnel policies and procedures manual. ~~Each agency shall have a written personnel policies and procedures manual that shall be available to all staff members, to the board of directors, and to the division that shall contain, at a minimum:~~

- ~~(1) A statement that the agency does not discriminate in employment in any manner prohibited by the laws of the United States or this state;~~
- ~~(2) A policy for recruiting and hiring all employees and interns;~~
- ~~(3) A policy regarding conditions of employment, including hours to be worked, salary administration, provisions for vacation, sick leave, holidays, and fringe benefits, and methods of promotion;~~

~~(4) Job descriptions for all positions within the agency, including the specific duties and responsibilities of each position, the minimum level of education, training and related work experience required to qualify for the position and the reporting and supervisory responsibilities of the position;~~

~~(5) Policies and procedures for supervising all agency employees, interns, and volunteers which shall include identification of the supervisor or board member responsible for supervising each position and the minimum level of employee-supervisor contact;—~~

~~(6) Organization chart detailing lines of authority;~~

~~(7) Staff disciplinary, suspension, and termination policies and procedures consistent with due process, including:~~

~~(a) Rules of conduct;~~

~~(b) Policies on mental health and chemical use problems;~~

~~(c) Policies prohibiting personal involvement with clients in violation of subdivision 46:05:02:09(5);~~

~~(d) Examples of conduct and unacceptable performance that constitute grounds for disciplinary action; and~~

~~(e) An appeal procedure;~~

~~(8) A grievance procedure for staff that permits the aggrieved party to bring the grievance to the highest level of authority in the operation of the agency;~~

~~(9) Employee assistance policies;~~

~~(10) Policies regarding staff training and development;~~

~~(11) A policy and procedure for job performance evaluation, in which the employee, or intern providing direct services, to be conducted on a regular and continuing basis, with a written annual review in accordance with § 46:05:05:10;~~

~~(12) Policies regarding access by employees and interns providing direct services to their personnel files and procedures by which staff can submit materials for inclusion in their personnel files; and~~

~~(13) Safety and health policies, including the procedures to be followed if an employee, counselor, intern, or volunteer is suspected of having or actually has a communicable disease that could affect the health or safety of the agency's clients or staff~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: ~~SDCL 34-20A-27(1)(5)(6).~~

Law Implemented: ~~SDCL 7-20-13, 34-20A-27, 42 U.S.C. 2000.~~

46:05:05:07. Staff development training plan. ~~The agency shall establish a staff development training plan which provides for in-service training and continuing education for each staff member in those areas relevant to job function and agency need. A summary of training activities must be maintained in agency records and must be available for review by the division~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: ~~SDCL 34-20A-27(1)(5)(6).~~

Law Implemented: ~~SDCL 34-20A-12, 34-20A-27.~~

46:05:05:08. Personnel files. ~~A personnel file shall be maintained for each employee~~ Each agency shall maintain a personnel file for each employee, intern, or volunteer. The file shall include at a minimum the following items:

- (1) ~~An application for employment signed by the employee or a resume, which shall include pre-employment education, training, and experience;~~
- (2) Copies of the employee's certification certificate or trainee recognition, certification identification card, and all other health care licenses or certificates related to job duties;
- (3) ~~Letter of hire or other documentation of employment agreement and the employee's starting and termination dates;~~
- (4)(2) Documentation of the employee's orientation in accordance with § 46:05:05:01;
- (5) ~~Copies of the employee's annual written job performance evaluation reviews;~~
- (6)(3) Any staff health clearances, including the tuberculin test results, if required, and clearances from a physician after an infectious or contagious disease requires the employee's absence from the program; and
- (7) ~~Documentation of any disciplinary actions taken against the employee;~~
- (8) ~~Documentation of any commendations;~~
- (9) ~~Documentation of in-service training and continuing education; and~~
- (10)(4) For programs providing services to children and adolescents, the agency shall ~~require~~ staff to provide documentation of ~~an acceptable~~ a criminal background check.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(5)(6).

Law Implemented: SDCL 34-20A-27(1)(5)(6).

46:05:05:09. Employee supervision. Each agency shall establish and enforce policies and procedures for supervising all agency employees, interns, and volunteers. ~~The supervisor responsible for each position shall be identified and the minimum level of employee-supervisor contact shall be specified in writing.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(5)(6).

Law Implemented: SDCL 34-20A-27(1)(5)(6).

46:05:05:10. Personnel performance reviews. ~~Supervisors shall conduct at least an annual evaluation of each employee. The evaluation shall be based upon the specific responsibilities stated in the individualized job descriptions. The supervisor shall review the evaluation with the employee. The employee shall sign the evaluation form following the review.~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: ~~SDCL 34-20A-27(1).~~

Law Implemented: ~~SDCL 34-20A-27.~~

46:05:05:11. Clinical supervision. The board of directors or the agency director shall designate a Level II or Level III chemical dependency counselor to be responsible for supervising clinical services. Supervision may include the following types:

- (1) Case staffing;
- (2) Individual case supervision;
- (3) Consultation with other clinical professionals;
- (4) Review of case record maintenance; and
- (5) Other clinically appropriate supervision methods determined by agency policy.

If a Level II or Level III chemical dependency counselor is not available ~~with~~ within the trainee's employing agency, supervision may be obtained on a contractual or consultant basis from an outside party meeting the required qualifications.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(5)(6).

Law Implemented: SDCL 34-20A-27(1)(5)(6).

46:05:05:12. Volunteer service policies. ~~Those agencies using volunteers shall maintain written policies and procedures concerning volunteer services. The agency shall provide orientation for all volunteers in accordance with § 46:05:05:01~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: ~~SDCL 34-20A-27(1).~~

Law Implemented: ~~SDCL 34-20A-27.~~

CHAPTER 46:05:06

STATISTICAL REPORTING

Section

46:05:06:01 Statistical data.

46:05:06:02 Outcome measures.

46:05:06:01. Statistical data. Each accredited agency shall submit accurate statistical data to the division monthly on all services provided, in accordance with the MIS, and any other data as required by state and federal laws and regulations.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-9, 34-20A-10, 34-20A-27(1)(4), 34-20A-91.

46:05:06:02. Outcome measures. State and federal required outcome measures shall be collected on each individual receiving treatment except for prevention services at the time of admission and discharge. Pre- and post-test data that is evidence based shall be collected on each individual receiving prevention services.

Source:

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-9, 34-20A-10, 34-20A-27(1)(4), 34-20A-91.

CHAPTER 46:05:07

CLIENTS' RIGHTS

Section

46:05:07:01 Clients' rights.

46:05:07:02 Guaranteed rights.

46:05:07:03 Residential program rights.

- 46:05:07:04 ~~Client's consent required~~ Repealed.
- 46:05:07:05 Grievance procedures for rights violations.
- 46:05:07:06 Discharge ~~and transfer~~ policies.

46:05:07:01. Clients' rights. An agency shall ensure that clients' rights are fully protected. The agency shall give each client a written statement of client rights and responsibilities upon admission. The agency shall post a copy of the statement in a place accessible to clients and shall make both statements available to the division.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(3)(4)(6).

46:05:07:02. Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state including:

- (1) The right to refuse extraordinary treatment;
- (2) The right to be free of any exploitation or abuse, including, for example, any financial or sexual relationship with any agency personnel or any member of the governing board, as well as any abuse or discrimination related to age, gender, sexual orientation, religion, cultural, or linguistic background, or the presence of a mental illness or medical disorder, or disability, including developmental disability;
- (3) The right to seek and have access to legal counsel; and
- (4) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with 42 U.S.C. §§ 290 ~~dd-3~~ and ~~ee-3~~ dd-2 and 42 C.F.R. Part 2 (June 9, 1987), and 45 C.F.R. Parts 160 and 164 (April 17, 2003).

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(6).

Law Implemented: SDCL 34-20A-27(3)(6), 34-20A-90.

46:05:07:03. Residential program rights. Residential programs shall ensure the following rights to all clients:

(1) The right to visitation with family and friends, subject to reasonable written visiting rules and hours established by the agency; however, ~~the~~ agency personnel may impose limitations as necessary for the welfare of the client if the reasons for such limitations are documented in the client's individual case record;

(2) The right to conduct private telephone conversations, subject to ~~the~~ reasonable written rules and hours established by the agency; however, ~~the~~ agency personnel may impose limitations as necessary for the welfare of the client if the reasons for such limitations are documented in the client's individual case record;

(3) The right to communicate with a personal physician; and

(4) The right to practice personal religion or attend religious services, within the agency's policies and guidelines.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: 34-20A-27(3)(4)(6).

Law Implemented: 34-20A-27(3)(4)(6).

46:05:07:04. Client's consent required. ~~No client may participate in any experimental or research project without the full knowledge, understanding, and written consent of that client or the client's legal guardian, if appropriate. All experimental or research projects shall be conducted in full compliance with applicable state and federal laws, regulations, and guidelines~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: ~~SDCL 34-20A-27(3)(6).~~

Law Implemented: ~~SDCL 34-20A-27.~~

46:05:07:05. Grievance procedures for rights violations. Each agency shall establish a written procedure for hearing, considering, and responding to client grievances. The procedure shall be given to each client or the client's representative upon admission and shall be posted in a place accessible to clients. The grievance procedure shall be available to former clients upon request. The procedure shall include the telephone number and address of the division.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3).

Law Implemented: SDCL 34-20A-27(3).

46:05:07:06. Discharge and transfer policies. Each agency shall have a written discharge policy ~~that specifies conditions under which clients shall be discharged~~. The policy shall include the following:

- (1) Client behavior that constitutes reason for discharge at staff request;

(2) Procedures staff must follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, consistent with 42 C.F.R. § 2.12(c)(5) (June 9, 1987) including who shall make the report to the appropriate law enforcement agency;

(3) Procedures consistent with 42 C.F.R., Part 2 (June 9, 1987) that staff must follow when a client leaves against medical or staff advice; ~~and. A client who intends to leave against medical or staff advice shall be offered an opportunity to engage in discharge planning which shall include a continuation of care for substance abuse, as well as any other condition that may be present. Any offer and outcome shall be documented;~~

(4) ~~Clients must meet the ASAM criteria. The policy may not have language that requires automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and~~

(5) The policy must have provisions for offering or referring the client for more intensive intervention when the client is displaying symptoms of mental illness or a medical condition, and for providing assistance to a client who is struggling with symptoms and is asking for help to manage those symptoms successfully.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3).

Law Implemented: SDCL 34-20A-27(3), ~~34-20A-90.~~

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

CHAPTER 46:05:08

QUALITY OF CARE REVIEW

Section

- 46:05:08:01 Quality of care review.
- 46:05:08:02 Level II or Level III chemical dependency counselor to conduct quality of care reviews.
- 46:05:08:03 Review of recommendations.
- 46:05:08:04 ~~Findings to be reported to the board~~ Report of findings.

46:05:08:01. Quality of care review. Each agency shall conduct a quality of care review to monitor, protect, and enhance the quality and appropriateness of client care and to identify qualitative problems, and recommend and implement plans for correcting them. Each quarter at least three identified ~~open cases~~ closed case files for each ~~clinical~~ counselor trainee or certified Level I staff member shall be randomly selected and reviewed to determine whether: the file is in compliance with the requirements as set forth in chapter 46:05:09.

- ~~(1) The diagnosis and the problems identified for treatment are supported in the assessment;~~
- ~~(2) The treatment plan is appropriate for the diagnosis and problems identified; and~~
- ~~(3) The progress notes in the case record describe the clinical course of the client's treatment.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(6).

Law Implemented: SDCL 34-20A-27(1)(2)(6).

46:05:08:02. Level II or Level III chemical dependency counselor to conduct quality of care reviews. Quality of care reviews shall be conducted by a Level II or Level III chemical dependency counselor who is employed by the agency or providing services by contract and who was not the primary counselor for the specific client whose file is being reviewed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(3)(5).

Law Implemented: SDCL 34-20A-27(1)(2)(3)(5).

46:05:08:03. Review of recommendations. The quality of care reviewer shall document all problems identified in the review and submit written recommendations for corrective action. The identified problems and recommendations shall be reviewed with the case counselor and any corrective action taken shall be documented. Corrective action may include:

- (1) Education or training;
- (2) New or revised policies or procedures; or
- (3) Staffing changes that may include a corrective work plan, reassignment, or discharge.

The documentation shall be made available to the division at the time of the inspection.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-7(1)(2).

Law Implemented: SDCL 34-20A-27(1)(2).

46:05:08:04. Findings to be reported to the board Report of findings. The agency director shall report to the board of directors each quarter the findings of the quality of care reviews for the previous quarter and a summary of the findings shall be documented in the board minutes in accordance with § 46:05:03:03. Findings shall be reported directly to the agency director if the agency does not have a board.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2).

Law Implemented: SDCL 34-20A-27(1)(2).

CHAPTER 46:05:09

CLIENT CASE RECORDS

Section

- 46:05:09:01 Collection of information at time of admission.
- 46:05:09:02 Client orientation.
- 46:05:09:03 Maintenance of client case records.
- 46:05:09:04 Client review of case records.
- 46:05:09:05 Closure and storage of case records.
- 46:05:09:06 Case record content.
- 46:05:09:07 Initial assessment and planning.
- 46:05:09:08 ~~Treatment~~ Standardized treatment needs assessment content.
- 46:05:09:09 Treatment plan content.
- 46:05:09:10 Progress notes required.

46:05:09:11 ~~Treatment plan review~~ Repealed.
46:05:09:12 Discharge summary content.
46:05:09:13 Case records for early intervention clients.

46:05:09:01. Collection of information at time of admission. Agency personnel shall collect and record the following information at the time of admission or as soon after admission as possible:

- (1) Name, street address, and telephone number of the client;
- (2) Date of birth, gender, and race or ethnic origin of the client;
- (3) Name and address of referral source; ~~and~~
- (4) Data for the MIS; and
- (5) Any other client information required by the division director.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(3)(4)(6).

46:05:09:02. Client orientation. A client shall receive ~~an~~ orientation ~~to the agency and of the~~ program at or before the time of admission or as soon thereafter as possible. The date of the orientation shall be documented in the client's case record. The orientation shall be provided and documented in a format understood by the client and shall include the following ~~information~~:

- (1) The program's purpose and a description of the treatment process;
- (2) All relevant agency policies, including rules that govern client conduct and the infractions that might result in disciplinary action or discharge; which, for agencies serving adolescents, must

comply with 42 U.S.C. § 300x-26, (~~State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18~~) and SDCL 26-10-20, ~~to 26-10-23, inclusive~~ and SDCL 34-46-2;

(3) The hours during which services are available;

(4) The fees for services and the responsibility for payment for those fees;

(5) The right to confidentiality in accordance with 42 U.S.C. §§ 290 ~~dd-3 and ee-3~~ dd-2 and 42 C.F.R. Part 2 (June 9, 1987), and 45 C.F.R. Part 160 and 164 (April 17, 2003);

(6) The rights of the client while receiving services in accordance with §§ 46:05:07:01 and 46:05:07:02; and

(7) Additional areas covered by agency policy.

Residential programs shall also provide information to the client about policies regarding visitation, the sending and receiving of mail, ~~and the use of the telephone, and the rights of the client while receiving services pursuant to § 46:05:07:03.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6), 34-20A-90.

46:05:09:03. Maintenance of client case records. Agencies shall maintain a case record for each client. The case record describes the services provided and the client's progress in the program. The case record for residential programs shall include the client's physical and mental health status at the time of admission, the services provided, the client's progress in the program, and the client's health status at the time of discharge. The client record ~~provides~~ shall provide information for the review and evaluation of the treatment provided to the client.

Each agency shall:

(1) Ensure that case records, paper or electronic copy, are protected against loss, tampering, or unauthorized disclosure of information, in accordance with 42 U.S.C. §§ 290 ~~dd-3~~ and ~~ee-3~~ dd-2 and 42 C.F.R., Part 2 (June 9, 1987), and 45 C.F.R., Part 160 and 164 (April 17, 2003);

(2) Maintain a standardized client record keeping system;

(3) Ensure that all entries in case records are legible, dated, and signed by the person making the entry with their credentials; and

(4) Review all client case records for required content, uniformity of format, and completeness of content.

Agency policies shall detail the methods used, the frequency of the reviews, and the individuals responsible for the reviews.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6), 34-20A-90.

46:05:09:04. Client review of case records. An agency shall have written policies and procedures to govern a client's access to case records. The policies and procedures shall specify any conditions or restrictions on client access and shall be available to the client upon request.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6), 34-20A-90.

46:05:09:05. Closure and storage of case records. An agency shall ensure that the case records of inactive clients are closed in a timely manner. Inactive clients are those who have had no contact by phone or by person with the agency for a period of time determined by the client's level of care at time of discharge. All case records of inactive clients of agencies accredited as a Level III.2-D clinically-managed residential detoxification program or Level 0.5 early intervention program shall be closed within six months of last contact. All case records of inactive clients of agencies accredited as ~~an~~ a Level I outpatient services program, ~~an~~ a Level II.1 intensive outpatient treatment program, or a Level II.5 day treatment program shall be closed within three months of last contact. All case records of inactive clients of agencies accredited as a Level ~~III~~ III.7 medically-monitored intensive inpatient treatment program for adolescents or adults, ~~Level III.7 medically-monitored intensive inpatient treatment program for adults~~, or Level III.1 clinically-managed low-intensity residential treatment program shall be closed within one month of last contact. Each agency shall arrange for the safe storage of client case records for six years from closure.

An agency shall promote continuity of care by developing policies to facilitate re-opening cases when clients re-contact the program.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

46:05:09:06. Case record content. Client case records shall include the following:

- (1) MIS report forms, as directed by the division director;
- (2) Identification data;
- (3) Reports from referring sources;

- (4) Results of the client's initial assessment and planning, as required in § 46:05:09:07 or the client's standardized treatment needs assessment, as required in § 46:05:09:08;
- (5) The date of the client's orientation, as required in § 46:05:09:02;
- (6) Updated treatment plans, as required in § 46:05:09:09 and ~~treatment plan reviews,~~
continued service criteria as required for the specific level of care being provided ~~as required in~~
§ 46:05:09:11;
- (7) Progress notes, as required in § 46:05:09:10;
- (8) If appropriate:
 - (a) Family evaluation, as part of the client's initial assessment or standardized treatment needs assessment;
 - (b) Relevant correspondence;
 - (c) Signed forms consenting to the release of information;
 - (d) Referrals for service to other providers, including the reasons for referral; and
- (9) For transferred or closed cases, a transfer or discharge summary, as required in § 46:05:09:12.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(3)(4)(6).

46:05:09:07. Initial assessment and planning. A client admitted to Level 0.5 early intervention services shall be interviewed and evaluated by a chemical dependency counselor or counselor trainee at the time of admission. Each client admitted to Level III.2-D clinically-managed detoxification shall be interviewed and evaluated by a chemical dependency counselor or counselor

trainee within ~~24~~ 48 hours of admission. The initial assessment shall be recorded in the client's case record and shall include:

- (1) The client's current problems and needs;
- (2) The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications;
- (3) The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, and the duration of use and the criteria met for a diagnosis of abuse or dependence for each substance, including nicotine and gambling; and
- (4) A statement of the intended course of action.

~~An initial assessment for clinically managed residential detoxification program clients should be completed as soon as the client's status allows.~~

Those programs required to complete ~~a treatment needs~~ an assessment in accordance with § 46:05:09:08 are exempt from this section.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

46:05:09:08. ~~Treatment~~ Standardized treatment needs assessment content. A chemical dependency counselor or counselor trainee shall complete ~~a treatment needs~~ an assessment or updated assessment approved by the division for each client admitted to Level ~~II-III.7~~ medically-monitored intensive inpatient treatment program for adolescents or adults, ~~Level III.7 medically-~~

~~monitored intensive inpatient treatment program for adults, Level III.1 clinically-managed low-~~
intensity residential treatment program, Level II.1 intensive outpatient treatment program, Level II.5
day treatment program, or Level I.0 outpatient services program. The assessment shall establish the
historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence
and shall assess the client's treatment needs. The assessment shall be recorded in the client's case
record and shall include: all assessment information listed in the MIS manual.

~~(1) A summary of the client's alcohol or drug abuse history including substances used, dated of
last use, amounts used, frequency, duration, age of first use, patterns, and consequences of use; types
of and responses to previous treatment, periods of sobriety, and any other information supporting any
diagnostic recommendations or diagnosis made;~~

~~(2) A summary about the client's family, including family background, current family
composition, substance use and abuse by family members, supportive or dysfunctional relationships,
and other family related issues;~~

~~(3) A summary of the client's educational background, including current educational status,
levels of achievement, and educational problems or difficulties;~~

~~(4) A summary of the client's vocational and employment status including skills or trades
learned, work record, and current vocational or employment problems;~~

~~(5) A summary of the client's past and current involvement with the criminal justice system;~~

~~(6) A general summary of the client's health, including past or current major illnesses or
injuries, afflictions with communicable diseases, or known health problems or needs;~~

~~(7) A summary of the client's financial status, including current income sources, family
income, ability to pay for services, and insurance coverage;~~

~~(8) A social assessment of the client, including a summarization of the nature of and problems
with the client's social relationships outside the family unit;~~

~~(9) Any history of emotional or behavioral problems, including any history of psychological or psychiatric treatment;~~

~~(10) A master problem list developed from client input and identified clinical problems; and~~

~~(11) A diagnostic summary and master problem list which must be dated and signed by the chemical dependency counselor followed by counselor's credentials;~~

All information related to the standardized treatment needs assessment shall be verified through collateral contact, when possible, and recorded in the client's case record.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(3)(4)(6).

46:05:09:09. Treatment plan content. A chemical dependency counselor or counselor trainee shall develop an individualized treatment plan based upon the treatment needs assessment for each client admitted to a Level ~~HH~~ III.7 medically-monitored intensive inpatient treatment program for adolescents or adults, ~~Level III.7 medically-monitored intensive inpatient treatment program for adults~~, Level II.5 day treatment program, Level II.1 intensive outpatient treatment program, Level I.0 outpatient services program, or Level III.1 clinically-managed low-intensity residential treatment program within ten calendar days of admission. The treatment plan shall be recorded in the client's case record and shall include:

(1) A statement of the client's current strengths;

(2) A statement of specific ~~clinical~~ client problems to be addressed during treatment with supporting evidence;

(3) A diagnostic statement and a statement of ~~measurable~~ short and long-term treatment goals that relate to the problems identified;

(4) Measurable ~~short-term~~ objectives or methods leading to the completion of ~~the long~~ short-term goals including:

(a) Time frames for the anticipated dates of achievement or completion of each objective, or ~~for~~ reviewing progress towards objectives; ~~and~~

(b) Specification and description of the indicators to be used to assess progress; and

(c) Referrals for needed services that are not provided directly by the agency; and

(5) ~~A description of the methods or treatment procedures proposed to assist the client in achieving the objectives, including:~~

~~(a) Type and frequency of services or assigned activities to be provided; and~~

~~(b) Referrals for needed services that are not provided directly by the agency;~~

~~(6)~~ A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan shall be developed within ten days of the client's admission and reviewed, signed, and dated by both the client and chemical dependency counselor or counselor trainee. The signature of the counselor shall be followed by the counselor's credentials.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

46:05:09:10. Progress notes required. All programs, except prevention programs, shall record and maintain a minimum of one progress ~~notes~~ note weekly in each client's case record to

document counseling sessions with the client and to summarize significant events occurring throughout the case management process. Progress notes for counseling sessions shall include the following ~~information~~:

(1) The date, time met, and length of the counseling session and the behaviors, events, reports, or observations discussed;

(2) A summary of the client's feelings, and behavioral or attitudinal observations, which may include the client's statements during the session;

(3) The counselor's assessment of the client's involvement in the issues discussed and in the treatment process, and the client's actions and behaviors as they relate to the problems, objectives, goals, and tasks identified in the client's treatment plan; and

(4) The specific action taken or planned plan to address the unresolved issues ~~in order~~ to achieve identified goals.

Progress notes shall make specific reference to the problems identified in the client's treatment plan. Any entry in the progress notes shall be followed by the signature of the counselor or counselor trainee making the entry, and the counselor's or trainee's credentials.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

46:05:09:11. Treatment plan review. ~~A treatment plan review shall be completed by a chemical dependency counselor and documented in each client's case record. The treatment plan review shall include:-~~

- ~~(1) A statement of client's progress or regress as it relates to the measurable long and short-term goals and measurable objectives identified in the client's treatment plan;~~
- ~~(2) Any additional clinical problems identified; and~~
- ~~(3) A statement of the planned actions to be taken to address the identified clinical problems.~~

~~The treatment plans for all clients of agencies accredited as Level III medically-monitored intensive inpatient treatment program for adolescents, Level III.7 medically-monitored intensive inpatient treatment program for adults, intensive outpatient treatment program, and day treatment program shall be reviewed every 14 days. Programs accredited as outpatient services program shall review treatment plans every 45 days and Level III.1 clinically-managed low-intensity residential treatment program shall review treatment plans every 90 days~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27.

46:05:09:12. Discharge summary content. A chemical dependency counselor or counselor trainee shall complete a discharge summary for any client who was admitted to a Level ~~III~~ III.7 medically-monitored intensive inpatient treatment program for adolescents or adults, ~~Level III.7 medically-monitored intensive inpatient treatment program for adults~~, Level II.1 intensive outpatient treatment program, Level I.0 outpatient services program, Level II.5 day treatment program, ~~and or~~ Level III.1 clinically-managed low-intensity residential treatment ~~programs~~ program within five working days after the client is discharged regardless of the reason for discharge. The discharge summary shall include:

- (1) The reason for admission and original diagnoses;
- (2) A summary of the client's ~~clinical~~ problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan;
- (3) The reason for discharge and diagnoses at discharge; and
- (4) A continued care treatment plan and ~~documentation of~~ referrals made.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-27(3)(4)(6).

46:05:09:13. Case records for early intervention clients. An agency accredited as an Level 0.5 early intervention program shall maintain case records for all clients participating in motivational and supportive services. The case records shall include:

- (1) To the extent possible, MIS data and the initial assessment in accordance with § 46:05:09:07 or a standardized treatment needs assessment in accordance with § 46:05:09:08;
- (2) Progress notes on further direct client contacts, which shall include a statement of the individual client's feelings, attitudes, and behavior at the time of contact, the counselor's assessment of the client's emotional and physical status at the time of contact, and the counselor's planned course of action;
- (3) Progress notes summarizing any communications with others about the client, including a statement of the purpose of the contact, how the contact was made in compliance with 42 U.S.C. §§ 290 ~~dd-3 and ee-3~~ dd-2 and 42 C.F.R. Part 2 (June 9, 1987), and 45 C.F.R., Part 160 and 164 (April 17, 2003), and the result of the contact; and

(4) A discharge summary that contains:

(a) The reason for admission and original diagnoses if present;

(b) A summary of the client's ~~clinical problem~~ problems, course of treatment, and progress made toward ~~the~~ these problem problems;

(c) The reason for discharge and diagnoses at discharge if ~~applicable~~ present; and

(d) A notation of any continued care treatment plan and referrals made.

All entries in the case records of Level 0.5 early intervention program clients shall include the date the contact was made, length of time of the session, and the signature and credentials of the recorder.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(3)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(3)(4)(6), 34-20A-90.

CHAPTER 46:05:10

MEDICATION CONTROL IN RESIDENTIAL PROGRAMS

Section

- 46:05:10:01 Control, accountability, and storage of medications and drugs.
- 46:05:10:02 Storage of Schedule II, III, or IV drugs.
- 46:05:10:03 Records of receipt and disposition of scheduled drugs.
- 46:05:10:04 Drug destruction.
- 46:05:10:05 Administration of medications and drugs.

46:05:10:01. Control, accountability, and storage of medications and drugs. Residential programs shall meet the following requirements for the control, accountability, and safe storage of medications and drugs:

(1) Clients on medications for substance abuse, mental health, or medical conditions shall surrender all medications and drugs on admission to the agency per agency policy, and be educated about how to take their medication as prescribed while in the program;

(2) Clients shall receive a formal orientation of the agency's medication policies and procedures to assist the client in being successful in treatment and in the community;

~~(2)~~(3) All drugs or medications shall be stored in a locked storage area that is inaccessible to all persons at all times with the exceptions as specified in § 46:05:10:06;

~~(3)~~(4) All controlled drugs shall be stored in a separate locked box or drawer in the medication storage area;

~~(4)~~(5) Poisons, disinfectants, and medications for external use shall be stored separately from internal medications and apart from each other, with each in a separate locked area inaccessible to clients and visitors;

~~(5)~~(6) Biologicals and medications requiring refrigeration or other storage requirements as identified by the manufacturer's labeling shall be stored appropriately and will include if indicated, refrigeration, freezing, and protection from the light and in an area that is inaccessible to clients and visitors. If such medications are stored in a refrigerator containing items other than medications, they shall be kept in a separate compartment with proper security;

~~(6)~~(7) Client's prescription medications shall be stored in their originally received containers and may not be transferred to another container;

~~(7)~~(8) Any container with a worn, illegible, or missing label shall be destroyed along with the medication or drugs contained therein, in accordance with § 46:05:10:04;

~~(8)~~(9) Only licensed pharmacists shall label, relabel, or alter labels on medication containers;

~~(9)~~(10) Medications and drugs prescribed for one client may not be administered to another client;

~~(10)~~(11) If clients bring their own medications or drugs into the program, these medications may not be administered unless they can be identified and written orders for their administration have been received from a licensed physician;

(12) Each program shall have a procedure for contacting pharmacies and physicians as soon as possible after admission so that clients are not denied access to necessary medication when admitted to treatment;

~~(11)~~(13) If medications and drugs brought by a client into the program are not used, they shall be packaged, sealed, stored, and returned to the client, parent, guardian, or significant other at the time of discharge, if such action is approved by a program physician; such action shall be documented in the client's case record, with the name, strength, and quantity of the medication, and signed by the appropriate staff member; and

~~(12)~~(14) The telephone number of the regional poison control center, the local hospitals, and the agency administrator shall be posted in all drug storage and preparation areas.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:10:02. Storage of Schedule II, III, or IV drugs. Residential programs may have in storage a limited supply of Schedule II, III, and IV drugs if they meet the following requirements:

- (1) The substances are owned by a licensed pharmacy or licensed physician and stored in a sealed emergency box;
- (2) The agency and the providing DEA registrant maintain a complete and accurate inventory of the drugs stored in the emergency box and of their disbursement. Such inventory shall be conducted personally by the DEA registrant at least once every six months;
- (3) There are no more than five different controlled drugs, no more than five doses of an injectable Schedule II, III, or IV drug, and no more than 12 doses of an oral Schedule III or IV drug stored in the emergency box at one time;
- (4) The use of the controlled drugs in the emergency box is limited to those times when no pharmacy is available; and
- (5) Any standing or verbal order for the medication is verified in writing by the physician within 72 hours after the first administration.

Nothing in this section may be construed as authorizing or permitting any person to do any act in violation of federal or state laws.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Cross-Reference: Administration of medications and drugs, § 46:05:10:05.

46:05:10:03. Records of receipt and disposition of scheduled drugs. Residential programs shall maintain a separate log book to record the receipt and disposition of all Schedule II drugs. Residential programs shall maintain a record of the receipt and administration of Schedule II, III, and IV drugs in client's case records.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:10:04. Drug destruction. A licensed pharmacist shall destroy all outdated or discontinued Schedule II, III, or IV drugs. Two staff persons may destroy outdated or discontinued nonscheduled drugs using the sewer system. A client's unused, outdated, or discontinued drugs, except those released to the client upon discharge, may be destroyed by two staff persons using the sewer system; such actions shall be documented in the client's case record, with the name, strength, and quantity of the medication or drug, and signed by the appropriate staff member.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(1)(4)(6).

46:05:10:05. Administration of medications and drugs. All medications and drugs shall be administered in accordance with SDCL 36-9-28. All agencies shall establish written policies concerning the administration of Schedule II, III, and IV drugs and shall ensure that such drugs are administered only in accordance with those policies and only when authorized by a licensed physician. Only RNs, LPNs, or UAPs who are trained and qualified in accordance with chapter

20:48:04 may administer medications. The RN, LPN, or UAP administering the medication shall record the name of the medication, the strength and quantity administered, and the time of administration in the client's case record, and shall sign the case record. No person may administer medications that have been prepared for administration by another person. The agency shall maintain a procedure for the immediate reporting of drug reactions and medication errors to the physician responsible for the client, which procedure shall comply with 42 U.S.C. §§ 290 dd-3 and ee-3 and 42 C.F.R. Part 2 (June 9, 1987). The individual responsible for any medication error shall complete and sign an entry in the client's case record and shall complete and sign an incident report form.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:10:06. Staff assistance with drugs and medications. A Level III medically-monitored intensive inpatient treatment program for adolescents and a Level III.7 medically-monitored intensive inpatient treatment program for adults not employing a RN, a LPN, or UAP shall make the drug or medication available to clients for self-administration in accordance with the instructions of a physician. The client shall self-administer the drug or medication under the supervision of a designated employee of the program. The designated employee shall enter the name, strength, and quantity of the medication and the time of self-administration in the client's case record. Level III.1 clinically-monitored low-intensity residential treatment programs are exempt from the requirement of supervising the self-administration of over-the-counter remedies. If the reasonable safety of all program clients is ensured, long-term residential programs may allow clients to possess and self-administer without supervision those prescription medications that have been identified as allowable medications on a list developed specifically for the individual in consultation with a physician. The

list of allowable medications shall be reviewed at least annually by a physician. Any medication not identified on the list must be administered under supervision.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(1)(4)(6).

CHAPTER 46:05:11

DIETARY SERVICES

Section

- 46:05:11:01 Planned dietetic services required.
- 46:05:11:02 ~~Annual review of menus~~ Repealed.
- 46:05:11:03 Sanitation and safety standards.

46:05:11:01. Planned dietetic services required. Residential programs shall establish and implement a written plan for meeting the basic nutritional needs as well as any special dietetic needs of the clients. The program shall provide at least three meals a day. Any snacks provided by the program shall be a part of the overall dietary plan. Meals shall include foods from the following basic food groups according to the Food Guide Pyramid outline of the U.S. Department of Agriculture and the U.S. Department of Health and Human Services:

- (1) The milk group;
- (2) The meat group;

- (3) The vegetable group;
- (4) The fruit group; and
- (5) The bread and cereal group.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL ~~34-20A-734-20A-27(1)(4)(6)~~.

46:05:11:02. Annual review of menus. ~~Residential programs shall maintain written and dated menus of each meal and snack. Once a year, a registered dietitian shall review the meal and snack menus of the agency and shall document the results of the review and any changes suggested. The dietitian's written review and suggestions shall be available to the division at the time of the accreditation inspection~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL ~~34-20A-27(1)(4)(6)~~.

Law Implemented: SDCL ~~34-20A-10, 34-20A-27~~.

46:05:11:03. Sanitation and safety standards. Residential programs shall meet the sanitation and safety standards for food service in chapter 44:02:07. Those agencies that provide dietary services by agreement or contract with a second party shall ensure that the provider has demonstrated compliance with chapter 44:02:07, by passing an annual, documented sanitation inspection conducted by a local sanitation inspector or the Department of Health.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6), 34-20A-44.

CHAPTER 46:05:12

ENVIRONMENTAL SANITATION SAFETY AND FIRE PREVENTION

Section

46:05:12:01 Design and construction of facilities.

46:05:12:02 Safety and sanitation plan.

46:05:12:03 Reporting of other infestations required.

46:05:12:04 Life safety codes.

46:05:12:05 New construction or remodeling.

46:05:12:01. Design and construction of facilities. Nonresidential and residential facilities shall be designed and constructed to assure for complete privacy of communication between clients and staff members during all counseling activities.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(2)(4)(6).

Law Implemented: SDCL 34-20A-27(2)(4)(6), 34-20A-90.

46:05:12:02. Safety and sanitation plan. For each setting in which the agency provides services, there must be a health, safety, sanitation, and disaster plan approved by the Department of Human Services that ensures the health and safety of the individuals served. The plan must include:

- (1) Specific procedures for responding to medical emergencies;
- (2) Procedures for responding to fire and natural disasters, including evacuation plans, training, and regularly scheduled drills;
- (3) Procedures to respond to communicable diseases; and
- (4) Procedures to ensure sanitation of all settings in which services are provided.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:12:03. Reporting of other infestations required. Residential programs shall report to the Department of Health any infestations including cases of pediculosis and scabies in addition to the reporting requiring of § 44:02:02:01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:12:04. Life safety codes. Each building that the treatment or prevention program owns or rents which provides residential services shall be in compliance with applicable fire safety standards in the ~~1997~~ 2000 edition of the **NFPA 101 Life Safety Code**.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Reference: NFPA 101 Life Safety Code, 1997~~2000~~, National Fire Protection Association.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9904; ~~\$16~~ Cost \$75.00.

46:05:12:05. New construction or remodeling. An agency seeking accreditation for the first time and any accredited agency relocating into new physical facilities must show compliance with this chapter and the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. before receiving or in order to maintain an accredited status. Any addition or expansion to existing physical facilities must also meet the requirements of this chapter and the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

CHAPTER 46:05:13

PREVENTION PROGRAM

Section

46:05:13:01 Requirements for accreditation.

46:05:13:02 Purpose and scope of prevention programs.

46:05:13:02.01 Prevention program classifications.

46:05:13:03 Description of services provided.

46:05:13:04 Review of materials.

46:05:13:04.01 Criteria for determining evidence based intervention.

46:05:13:05 Staff knowledge of resources.

46:05:13:06 Record of activities.

46:05:13:07 Quality assurance and evaluation.

46:05:13:08 Staffing.

46:05:13:01. Requirements for accreditation. An agency accredited as a prevention program must comply with chapters 46:05:01 to 46:05:06, inclusive, ~~46:05:12~~, and this chapter.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27~~(1)(4)~~.

Law Implemented: SDCL 34-20A-27.

46:05:13:02. Purpose and scope of prevention programs. ~~A prevention~~ The program shall encompass current research, theory, and practice-based strategies and activities implemented through structured prevention strategies. These services are intended to preclude, forestall, or impede the development of alcohol, tobacco, and other drug abuse or misuse and their associated health and social consequences. An agency providing a primary prevention or diversion service shall delineate a work plan to outline the scope of services to be offered within the annual agency plan which has been approved by the board of directors and documented in board minutes or approved by the agency director and documented and approved by the division and shall be made

available to the public; and agency staff; ~~and the division~~. A prevention program shall offer one or more of the following services:

(1) Information dissemination that utilizes activities which provide awareness and knowledge of the nature and extent of alcohol, tobacco, and other drug use, abuse and addiction and their effects on individuals, families, and communities. ~~It~~ and that also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Information dissemination services include:

- (a) Clearinghouse or information resource center;
- (b) Resource directories;
- (c) Media campaigns;
- (d) Brochures, pamphlets, newsletters;
- (e) Radio and TV public service announcements;
- (f) Speaking engagements;
- (g) Health fairs and health promotions; and
- (h) Information and referral services.

(2) Education that utilizes two-way communications and is distinguished from information dissemination by the fact that interaction between the educator or facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision making, refusal skills, and critical analysis, for example, media messages, and systematic ~~judgement~~ judgment abilities. Education services include:

- (a) Classroom presentations and small group sessions;

- (b) Parenting and family management classes;
- (c) Peer leader and helper programs; ~~and~~
- (d) Education programs for youth groups; and
- (e) Groups for children of substance abusers.

(3) Alternative services that include participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or eliminate use of chemicals. ~~Alternatives~~ Alternative services include:

- (a) Community service activities;
- (b) Youth and adult leadership activities;
- (c) Community drop-in centers; ~~and~~
- (d) Alcohol and drug-free ~~events~~ social and recreational activities; and
- (e) Mentoring programs.

(4) Problem identification and referral that utilizes identification of those who have indulged in the first use of illegal or age inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs, in order to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment. Problem identification and referral services include:

- (a) Employee assistance programs;
- (b) Student assistance programs;
- (c) Diversion programs; and
- (d) DWI or DUI programs.

(5) Community-based services that enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco, and other drug abuse disorders.

Community-based services include:

- (a) ~~Inter~~Multi-agency coordination and collaboration;
- (b) Coalition building;
- (c) Coalition and volunteer training;
- (d) Community networking, team building, and volunteer training; ~~and~~
- (e) Enhancement of the efficiency and effectiveness of service implementation;
- (f) Systemic planning; and
- (g) Accessing services and funding.

(6) Environmental services that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. ~~This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service component offered by an agency.~~ Environmental services include:

- (a) Promoting the establishment and review of comprehensive alcohol, tobacco, and drug use policies in individual community organizations such as schools, businesses, and others;
 - (b) Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco, and other drugs;
 - (c) ~~Modifying~~ Review and modification of alcohol and tobacco advertising programs;
- and
- (d) Product pricing strategies.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

46:05:13:02.01. Prevention program classifications. Prevention programming is divided into the following classifications:

(1) Universal prevention programming that addresses the entire population with messages and programs aimed at preventing the abuse of alcohol, tobacco, and other drugs;

(2) Selective prevention programming that targets subsets of the total population that are at risk for substance abuse by virtue of their membership in a particular population, for example children of alcoholics, dropouts, or students who are falling behind academically; or

(3) Indicated prevention programming that targets those who do not meet the DSM-IV criteria for addiction, but who are showing signs such as falling grades and consumption of alcohol and other gateway drugs. The purpose of indicated prevention programs are to identify individuals who are exhibiting signs of abuse and other problem behaviors associated with substance abuse.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

46:05:13:03. Description of services provided. ~~Any agency providing primary prevention services shall provide the division a description of the following~~ A written description of services provided shall be available to all staff members, clients, public, and the division. The description shall include the following information:

- (1) Target populations for primary prevention and diversion services;
- (2) Program goals including the scope of services;
- (3) Measurable objectives;
- (4) Program evaluations and intended outcomes; and
- (5) Programming that complies with these standards.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:13:04. Review of materials. ~~The board of directors~~ The agency's program supervisor shall review all written and printed materials intended for public distribution for validity, relevancy, and appeal. The review shall be made available to agency staff, the public, and the division and must include review of all technical written and audio visual materials. An agency that conducts classroom or group educational programs shall use a structured curriculum for prevention education, based on current ~~substance abuse~~ evidence based research and ~~practice~~ findings practices.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:13:04.01. Criteria for determining evidence based intervention. Evidence based intervention is defined by inclusion under one or more of three public resources as follows:

- (1) Federal lists or registries of evidence based interventions;

(2) Reported positively in peer reviewed journals; or

(3) Documented effectiveness based on three guidelines for evidence which are:

(a) Based on solid theory or theoretical perspective that has been validated by

research;

(b) Supported by a documented body of knowledge generated from similar or related

interventions that indicates effectiveness; and

(c) Judged by a consensus among informed experts to be effective based on a

combination of theory, research, and practice experience.

Source:

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:13:05. Staff knowledge of resources. The staff of prevention programs must be able to demonstrate a knowledge of regional alcohol and drug programs available for prevention and treatment services. An agency must document that:

(1) It maintains a current database of information and referral resources on alcohol, tobacco, and other drugs, substance abuse services, and prevention and treatment resources; ~~and~~

(2) The information is either posted or publicly distributed; and

(3) The agency staff has reviewed the information.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(5).

Law Implemented: SDCL 34-20A-27(1)(4)(5).

46:05:13:06. Record of activities. An agency conducting prevention services shall maintain a record of all prevention activities provided in accordance with the described program content. The agency shall submit the information in subdivisions (2) and (3) below via the division's MIS system. Records ~~at a minimum~~ shall include, at a minimum:

- (1) Record of presenters and participants involved;
- (2) Demographic characteristics of participants, including:
 - (a) Age;
 - (b) Race/ethnicity;
 - (c) Gender;
 - (d) ~~Target population~~ Type of prevention programming, such as universal, selective, or indicated;
- (e) Such other information as requested by the division;
- (3) Record of all program activities;
- (4) Copies of programmatic materials;
- (5) Other prevention ~~management~~ information required by the division; and
- (6) Copies of program ~~evaluations~~ evaluation summaries.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(1)(3)(4)(6).

46:05:13:07. Quality assurance and evaluation. An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and

appropriateness of its programming and to identify qualitative problems and recommend plans for correcting them. ~~Programs shall evaluate the effectiveness of their services utilizing criteria such as:~~ The agency shall conduct the following:

- ~~(1) Consumer satisfaction;~~
 - ~~(2) Participant evaluations;~~
 - ~~(3) Consumer awareness of substance abuse and tobacco problems;~~
 - ~~(4) Consumer knowledge of resources and services and utilization of those services.~~
- (1) Annual client satisfaction surveys of all clients who requested prevention services;
 - (2) Participant evaluations after each prevention presentation the agency provides; and
 - (3) Pre- and post-tests for all evidence based curricula presented to clients.

A summary of these reports shall be made available to the board of directors or agency staff, and the division annually. A copy of the participant evaluation summary shall be made a available to the public after each presentation and a copy of the pre-and post-test summary upon completion.

~~Program evaluations shall be documented and include the development and reporting of outcome measures related to demonstration of risk reduction and positive individual and community behavioral change. Program evaluations shall be made available to the agency staff, the public, and the division.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(2)(4).

Law Implemented: SDCL 34-20A-27(1)(2)(4).

46:05:13:08. Staffing. An agency seeking prevention accreditation and providing ~~primary~~ prevention or ~~secondary prevention~~ services must use staff in accordance with the agency's personnel policies and procedures.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(5).

Law Implemented: SDCL 34-20A-27(1)(4)(5).

CHAPTER 46:05:14

LEVEL 0.5 EARLY INTERVENTION PROGRAM

Section

- 46:05:14:01 Requirements for accreditation.
- 46:05:14:02 ~~Hours of operation~~ Staffing and hours of operation.
- 46:05:14:03 Description of early intervention services.
- 46:05:14:03.01 Patient placement criteria for the treatment of substance-related disorders.
- 46:05:14:04 Admission criteria.
- 46:05:14:05 Services required.
- 46:05:14:06 Continued service criteria.
- 46:05:14:07 ~~Staffing~~ Repealed.
- 46:05:14:08 Discharge criteria.

46:05:14:01. Requirements for accreditation. An agency accredited as an Level 0.5 early intervention program must comply with chapters 46:05:01 to 46:05:09, inclusive, ~~46:05:12~~, and this chapter.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27~~(1)(4)(6)~~.

Law Implemented: SDCL 34-20A-27.

46:05:14:02. ~~Hours of operation~~ Staffing and hours of operation. The agency shall ensure that there are counseling staff on duty at all times during scheduled hours of program operation or available by phone. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The ~~program~~ agency shall have a 24-hour-a-day, 7-day-a-week, on-call system for client access to program services in the event of an emergency. This section is not applicable for state correctional alcohol and drug abuse programs.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27~~(1)(4)(6)~~.

46:05:14:03. Description of early intervention services. A written description of the early intervention services provided shall be available to all staff members, clients, public, and the division. The description shall include the following ~~information~~:

- (1) The admission criteria contained in § 46:05:14:04;
- (2) The continued services criteria contained in § 46:05:14:06;

(3) The discharge criteria contained in § 46:05:14:08;

(4) Policies and procedures to be followed when clients present themselves in an intoxicated state; and

(5) A description of the services and activities ~~provided and the hours of operation to be~~ provided including a description of the frequency and duration.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:14:03.01. Patient placement criteria for the treatment of substance-related disorders. The program shall comply with criteria set forth in the “American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001” or “ASAM PPC-2R” for the placement, transfer, discharge or continued service reviews of any client it serves.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948. Cost \$85.00.

46:05:14:04. Admission criteria. An individual may be admitted to ~~an early intervention~~ the program only if a chemical dependency counselor or counselor trainee documents, after personal contact with the individual and, if appropriate, a review of material submitted by family members, a legal guardian, or other resources, that the client meets the ~~specifications of the dimensions in~~ criteria for Level 0.5 of the ~~Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ required in §46:05:14:03.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1 800 844 8948.~~

46:05:14:05. Services required. The program may provide individuals with a variety of services, but it must provide the following services, at a minimum:

(1) Initial assessment in accordance with § 46:05:09:07 or an assessment pursuant to § 46:05:09:08;

(2) Crisis intervention;

(3) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process;

(4) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission; ~~and~~

(5) Referral to and liaison with other resources that offer education, vocational, medical, legal, social, psychological, employment, and other related alcohol and drug services. Medical services must include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, 1992);

(6) Individual or group counseling including progress note documentation pursuant to § 46:05:09:13; and

(7) Continued care planning and discharge documentation pursuant to § 46:05:09:13.

An early intervention services program may provide other services not specified in these rules if the provision of such services is consistent with the effective treatment of alcohol and drug related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:14:06. Continued service criteria. ~~Early intervention programs~~ The program shall document, for each client, every ~~ten~~ 14 calendar days ~~that the client meets the continued stay criteria~~ specifications of the dimensions in Level 0.5 of the **Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine.** ~~the~~ the following:

(1) That the client meets the continued service criteria for Level 0.5 required in §

46:05:14:03.01;

(2) The progress and reasons for retaining the client at the present level of care; and

(3) The individualized plan of action to address the reasons for retaining the individual in the present level of care to promote entry into a less restrictive environment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

46:05:14:07. Staffing. ~~Early intervention programs shall ensure that there are counseling staff on duty at all times during scheduled hours of program operation~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

~~**Law Implemented:** SDCL 34-20A-27.~~

46:05:14:08. Discharge criteria. The client ~~should~~ shall be discharged from this level of care when the client meets the discharge criteria ~~specifications of the dimensions in~~ for Level 0.5 ~~of the~~

~~Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ required in § 46:05:14:03.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

~~Reference: American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

CHAPTER 46:05:15

LEVEL I.0 OUTPATIENT SERVICES PROGRAM

Section

46:05:15:01 Requirements for accreditation.

46:05:15:02 ~~Hours of operation~~ Staffing and hours of operation.

46:05:15:03 Description of outpatient services program.

46:05:15:03.01 Patient placement criteria for treatment of substance-related disorders.

46:05:15:04 Admission criteria.

46:05:15:04.01 Tuberculin screening requirements.

46:05:15:05 Services required.

46:05:15:06 Intensity of services.

46:05:15:06.01 Drug and alcohol testing of clients.

46:05:15:07 ~~Staffing~~ Repealed.

46:05:15:08 Continued service criteria

46:05:15:09 Discharge criteria.

46:05:15:01. Requirements for accreditation. Agencies accredited as ~~an~~ a Level I.0 outpatient services program must comply with chapters 46:05:01 to 46:05:09, inclusive, 46:05:12, and this chapter.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27.

46:05:15:02. ~~Hours of operation~~ Staffing and hours of operation. The agency shall ensure that there are counseling staff on duty at all times during scheduled hours of program operation or available by phone. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The ~~program~~ agency shall have a 24-hour-a-day, 7 day-a-week, on-call system for client access to program services in the event of an emergency. This section is not applicable for state ~~correctional~~ operated alcohol and drug programs.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:15:03. Description of outpatient services program. A written description of the ~~outpatient services program~~ provided shall be available to all staff members, clients, public, and the division. The description shall include the following information:

- (1) The admission criteria contained in § 46:05:15:04;
- (2) The continued ~~stay~~ service criteria contained in § 46:05:15:08;
- (3) The discharge criteria contained in § 46:05:15:09;
- (4) Policies and procedures governing client use of alcohol or drugs while participating in the outpatient ~~services~~ program; and
- (5) A description of the outpatient services; to be provided including a description of their frequency and duration.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:15:03.01. Patient placement criteria for the treatment of substance-related disorders. The program shall comply with criteria set forth in the “American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001” or “ASAM PPC-2R” for the placement, transfer, discharge or continued service reviews of any client it serves.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: **American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001.** Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948. Cost \$85.00.

46:05:15:04. Admission criteria. An individual may be admitted to ~~an outpatient services~~ the program only if a chemical dependency counselor or counselor trainee documents, after personal contact with the individual, and if appropriate, a review of material submitted by family members, a legal guardian, or other resources, that the client meets the ~~specifications of the dimensions in Level I of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ criteria of Level I.0 required in §46:05:15:03.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

~~Reference:~~ **~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition.~~** Copies may be obtained from ~~the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

46:05:15:04.01 Tuberculin screening requirements. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the

onset of services by a designated staff person to determine if the client has had any of the following symptoms within the previous three months:

- (1) Productive cough for a two to three week duration;
- (2) Unexplained night sweats;
- (3) Unexplained fevers; or
- (4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months will be immediately referred to a physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis will be excluded from services until they are determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out will provide a written statement from the evaluating physician before being allowed entry for services.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website: www.cdc.gov/mmwr.

46:05:15:05. Services required. The program may provide its clients with a variety of treatment services, but it must provide the following services, at a minimum:

- (1) ~~Treatment needs~~ An assessment in accordance with pursuant to § 46:05:09:08;
- (2) Treatment planning ~~in accordance with~~ pursuant to § 46:05:09:09;
- (3) ~~Treatment plan review in accordance with § 46:05:09:11~~ Continued service criteria pursuant to § 46:05:15:08;
- (4) Individual and group counseling including progress note documentation pursuant to § 45:05:09:10;
- (5) Family counseling and educational services for family members, including significant others, who are involved in the client's treatment program;
- (6) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process;
- (7) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;
- (8) Referral to and ~~liaison~~ coordination of care with other resources that will assist a client's recovery, including educational, vocational, medical, legal, social, ~~psychological~~ mental health, employment, and other related alcohol and drug services. Medical services must include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, 1992); and
- (9) Continued care planning and counseling and discharge documentation pursuant to § 46:05:09:12.

~~An outpatient services~~ The program may provide other services not named in this article if the provision of such services is consistent with the effective treatment of its client's alcohol- and drug-related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:15:06. Intensity of services. ~~The outpatient services~~ program may provide to each client any combination of individual, group, or family counseling services of any intensity and frequency up to nine hours per week.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:15:06.01. Drug and alcohol testing of clients. The program shall have testing available for the purpose of detecting the presence of alcohol and any controlled substance in clients. Tests shall be used that are widely recognized as possessing sufficient sensitivity to detect the presence of substances in low quantity. The program shall establish policies and procedures to govern the collection and handling of urine specimens when testing is indicated. All test results shall be documented in the client's case record. The case record shall also document the manner in which the test results are used.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:15:07. Staffing. ~~Outpatient services programs shall ensure that there are counseling staff on duty at all times during scheduled hours of program operation. Counseling staff shall also be available on call 24 hours a day, 7 days a week. State correctional alcohol and drug abuse programs are exempt from this section~~ Repealed.

Source: 24 SDR 168, effective June 10, 1998.

~~General Authority:~~ ~~SDCL 34-20A-27(1)(4).~~

~~Law Implemented:~~ ~~SDCL 34-20A-27.~~

46:05:15:08. Continued service criteria. The outpatient services program shall document, for each client, every 30 calendar days ~~that the client meets the continued stay criteria~~ specifications of the dimensions in Level I of the **Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine.** the following:

(1) That the client meets the continued service criteria for Level I.0 required in §

46:05:15:03.01;

(2) The progress and reasons for retaining the client at the present level of care; and

(3) The individualized plan of action to address the reasons for retaining the individual in the present level of care to promote entry into a less restrictive environment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

46:05:15:09. Discharge criteria. A client ~~should~~ shall be discharged from the ~~outpatient services program~~ this level of care when the client meets the discharge criteria specifications of the dimensions in Level I of the ~~Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction~~ for Level I.0 required in § 46:05:15:03.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

CHAPTER 46:05:16

LEVEL II.1 INTENSIVE OUTPATIENT TREATMENT PROGRAM

Section

46:05:16:01 Requirements for accreditation.

46:05:16:02 Description of intensive outpatient treatment program.

46:05:16:02.01 Patient placement criteria for the treatment of substance-related disorders.

46:05:16:03 Admission criteria.

46:05:16:03.01 Tuberculin screening requirements.

46:05:16:04 Services required.

46:05:16:05 Intensity of services.

46:05:16:06 Additional support services to be available.

46:05:16:07 ~~Substance abuse screening tests~~ Drug and alcohol testing of clients.

46:05:16:08 Staffing and hours of operation.

46:05:16:09 Continued service criteria.

46:05:16:10 Discharge criteria.

46:05:16:01. Requirements for accreditation. An agency accredited as ~~an~~ a Level II.1 intensive outpatient treatment program must comply with chapters 46:05:01 to 46:05:09, inclusive, 46:05:12, and this chapter.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(4)(4).

Law Implemented: SDCL 34-20A-27.

46:05:16:02. Description of intensive outpatient treatment program. ~~An agency which has an intensive outpatient treatment program shall make a~~ A written description of ~~that program available~~ the services provided shall be available to all staff members, clients, public, and the division. The description shall include the following information:

- (1) The admission criteria contained in § 46:05:16:03;
- (2) Continued service criteria contained in § 46:05:16:09;
- (3) Discharge criteria contained in § 46:05:16:10;
- (4) ~~A delineation of the usual length of stay for clients~~ Policies and procedures governing client use of alcohol and drugs while participating in the intensive outpatient program; and
- (5) A description of the services and program activities to be provided including a description of the frequency and duration.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:16:02.01. Patient placement criteria for the treatment of substance-related disorders. The program shall comply with criteria set forth in the “American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001” or “PPC-2R” for the placement, transfer, discharge or continued service reviews of any client it serves.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: **American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001.** Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948. Cost \$85.00.

46:05:16:03. Admission criteria. An individual may be admitted to ~~an intensive outpatient treatment~~ the program only if a chemical dependency counselor or counselor trainee documents, after personal contact with the individual and, if appropriate, a review of material submitted by family members, a legal guardian, or other resources, that the client meets the ~~specifications of the dimensions in~~ criteria for Level II.1 of the ~~**Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine**~~ required in § 46:05:16:02.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

~~**Reference:** **American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition.** Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

46:05:16:03.01 Tuberculin screening requirements. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the onset of services by a designated staff person to determine if the client has had any of the following symptoms within the previous three months:

- (1) Productive cough for a two to three week duration;
- (2) Unexplained night sweats;
- (3) Unexplained fevers; or
- (4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months will be immediately referred to a physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis will be excluded from services until they are determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out will provide a written statement from the evaluating physician before being allowed entry for services.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30,

2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website:

www.cdc.gov/mmwr.

46:05:16:04. Services required. The program may provide its clients with a variety of treatment services, but it must provide the following services, at a minimum:

- (1) ~~Treatment needs~~ An assessment in accordance with pursuant to § 46:05:09:08;
- (2) Treatment planning ~~in accordance with~~ pursuant to § 46:05:09:09;
- (3) ~~Treatment plan review in accordance with § 46:05:09:11~~ Continued service criteria;
- (4) Individual and group counseling including progress note documentation pursuant to § 46:05:09:10;
- (5) Family counseling and education services for family members, including significant others, who are involved in the client's treatment program;
- (6) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;
- (7) Educational evaluation and referral; ~~and~~
- (8) Continued care planning and discharge documentation pursuant to § 46:05:09:12; and
- (9) Case management services to include referral to the services listed in § 46:05:16:06 and liaison between the client and the courts, social service agencies, schools, employment agencies, consumer credit counseling services, or legal services.

~~An intensive outpatient treatment~~ The program may provide other services not named in this article if the provision of such services is consistent with the effective treatment of its client's alcohol and drug related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:16:05. Intensity of services. ~~An intensive outpatient treatment~~ The program shall provide any combination of ~~the services listed in subdivisions 46:05:16:04 (4) and (5)~~ individual, group, or family counseling three times per week to each client. Each client shall be provided with a minimum of nine hours of these services per week.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:16:06. Additional support services to be available. ~~The intensive outpatient treatment~~ program shall document in a written directory complete with addresses and telephone numbers, the names of credentialed service providers available to ~~its clients that can~~ provide its clients with the following support services:

- (1) Psychological or psychiatric assessment services sufficient to diagnose psychiatric disorders and organic brain impairment, and to determine level of intellectual functioning;
- (2) Vocational evaluation and counseling;

(3) Social and ~~psychological~~ mental health services;

(4) Continued care counseling;

(5) Legal services;

(6) Pastoral counseling; and

(7) Medical care which must include the availability of tuberculosis and human

immunodeficiency virus services pursuant to 42 U.S.C. § 300 x-24 (Requirements Regarding

Tuberculosis and Human Immunodeficiency Virus, 1992). The directory shall be available to clients

at all times and to the division at the time of inspection.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:16:07. ~~Substance abuse screening tests~~ Drug and alcohol testing of clients. ~~Intensive outpatient treatment programs~~ The program shall have testing available for the purpose of detecting the presence of alcohol and any illegal or controlled substances substance in clients. Tests shall be used that are widely recognized as possessing sufficient sensitivity to detect the presence of substances in low quantity. ~~Programs~~ The program shall establish policies and procedures to govern the collection and handling of urine specimens when testing is indicated. All test results shall be documented in the client's case record. The case record shall ~~also~~ document the manner in which the test results ~~were~~ is used.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:16:08. Staffing and hours of operation. ~~Intensive outpatient treatment programs~~ The agency shall ensure that there are counseling staff on duty at all times during scheduled hours of program operation or available by phone. Counseling staff shall be on-call 24 hours a day, 7 days a week. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have a 24-hour-a-day, 7 day-a-week, on-call system for client access to program services in the event of an emergency. This section is not applicable for state correctional alcohol and drug programs.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:16:09. Continued service criteria. ~~Intensive outpatient treatment programs~~ The program shall document, for each client every ten working 14 calendar days that the client meets the continued stay criteria specifications of the dimensions in Level II.1 of the **Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine.** the following:

(1) That the client meets the continued service criteria for Level II.1 required in §

46:05:16:02.01;

(2) The progress and reasons for retaining the client at the present level of care; and

(3) The individualized plan of action to address the reasons for retaining the individual in the present level of care to promote entry into a less restrictive environment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders~~, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.

46:05:16:10. Discharge criteria. A client shall be discharged from the intensive outpatient treatment program this level of care when the client meets the discharge criteria specifications of the dimensions in criteria for Level II.1 of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine required in § 46:05:16:02.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders~~, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.

CHAPTER 46:05:17

Level II.5 DAY TREATMENT PROGRAM

Section

- 46:05:17:01 Requirements for accreditation.
- 46:05:17:02 Description of day treatment program.
 - 46:05:17:02.01 Patient placement criteria for the treatment of substance-related disorders.
- 46:05:17:03 Admission criteria.
 - 46:05:17:03.01 Tuberculin screening requirements.
- 46:05:17:04 Services required.
- 46:05:17:05 Intensity of services.
- 46:05:17:06 Additional support services to be available.
- 46:05:17:07 ~~Tests for substance abuse screening~~ Drug and alcohol testing of clients.
- 46:05:17:08 Medical care in an emergency.
- 46:05:17:09 Staffing and hours of operation.
- 46:05:17:10 Continued service criteria
- 46:05:17:11 Discharge criteria.

46:05:17:01. Requirements for accreditation. An agency accredited as a Level II.5 day treatment program must comply with chapters 46:05:01 to 46:05:12, inclusive, and this chapter.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27.

46:05:17:02. Description of day treatment program. ~~An agency which has a day-treatment program shall make a~~ A written description of ~~that program~~ services provided shall be made available to all staff members, clients, public, and the division. The description shall contain the following information:

- (1) Admission criteria contained in § 46:05:17:03;
- (2) Continued service criteria contained in § 46:05:17:10;
- (3) Discharge criteria contained in § 46:05:17:11;
- (4) ~~A delineation of the usual length of stay for clients;~~
- ~~(5)~~ Policies and procedures governing ~~the client~~ the client use of alcohol or drugs ~~by clients~~ while in the day treatment ~~component~~ program; and
- ~~(6)~~ (5) A description of the services and program activities to be provided including a description of the frequency and duration.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:17:02.01. Patient placement criteria for the treatment of substance-related disorders. The program shall comply with criteria set forth in the “American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001” or “ASAM PPC-2R” for the placement, transfer, discharge or continued service reviews of any client it serves.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: **American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001.** Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948. Cost \$85.00.

46:05:17:03. Admission criteria. An individual may be admitted to a day treatment the program only if a chemical dependency counselor or counselor trainee documents, after personal contact with the individual and, if appropriate, a review of material submitted by family members, legal guardians, or other sources, that the individual client meets the specifications of the dimensions in criteria for Level II.5 of the ~~**Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine**~~ required in § 46:05:17:02.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~**American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition.**~~ Copies may be obtained from

~~the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-
20701-0101. 1-800-844-8948.~~

46:05:17:03.01 Tuberculin screening requirements. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the onset of services by a designated staff person to determine if the client has had any of the following symptoms within the previous three months:

- (1) Productive cough for a two to three week duration;
- (2) Unexplained night sweats;
- (3) Unexplained fevers; or
- (4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months will be immediately referred to a physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis will be excluded from services until they are determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out will provide a written statement from the evaluating physician before being allowed entry for services.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis*

in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website: www.cdc.gov/mmwr.

46:05:17:04. Services required. The ~~day-treatment~~ program shall provide its clients with a variety of treatment services, but it must provide the following services, at a minimum:

- (1) ~~Treatment needs~~ An assessment in accordance with pursuant to § 46:05:09:08;
- (2) Treatment planning ~~in accordance with~~ pursuant to § 46:05:09:09;
- (3) ~~Treatment plan review in accordance with § 46:05:09:11~~ Continued service criteria;
- (4) Individual and group counseling including progress note documentation pursuant to § 46:05:09:10;
- (5) Family counseling and educational services for family members, including significant others, who are involved in the client's treatment program;
- (6) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process;
- (7) Education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission; ~~and~~
- (8) Continued care planning ~~and discharge documentation pursuant to § 46:05:09:12~~; and
- (9) Case management services to include the services listed in § 46:05:17:06 and liaison between the client and the courts, social service agencies, schools, employment agencies, consumer credit counseling services, or legal services.

~~A day treatment~~ The program may provide other services not named in this article if the provision of such services is consistent with the effective treatment of its client's alcohol- and drug-related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:17:05. Intensity of services. ~~A day treatment~~ The day treatment program for adults and adolescents shall provide a minimum of ~~three of any of the services listed in subdivisions 46:05:17:04 (4) and (5), five times~~ 15 hours of either individual, group, or family counseling services per week to each client. Each client shall be provided with a minimum of 20 hours of services per week. A day treatment program for adults only shall provide a minimum of five hours of additional services per week on specialized topics which address the specific needs of the client. The additional services shall be identified on the client's treatment plan or continued stay review. These services shall be provided by an individual trained in the specific topic presented.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:17:06. Additional support services to be available. ~~Support services to be provided directly or by referral shall be made available to individual clients based upon needs as established~~

~~in the client's treatment plan. The support services shall include the following services~~ The program shall document in a written directory complete with addresses and telephone numbers, the names of credentialed service providers available to provide its clients with the following support services:

- (1) Education and educational counseling;
- (2) Vocational counseling and training;
- (3) Social services;
- (4) Referral to employment services;
- (5) Medical services;
- (6) ~~Psychiatric~~ Mental health services; and
- (7) Pastoral services.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:17:07. ~~Tests for substance abuse screening~~ Drug and alcohol testing of clients. ~~A day treatment~~ The program shall have testing available for the purpose of detecting the presence of alcohol and any illegal or controlled substances substance in clients. The agency shall use tests Tests shall be used that are widely recognized as possessing sufficient sensitivity to detect the presence of substances in low quantity. The program shall establish policies and procedures to govern the collection and handling of urine specimens when testing is ~~desired~~ indicated. All test results shall be documented in the client's case record. The case record shall ~~include~~ document the manner in which the test results are used.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:17:08. Medical care in an emergency. The ~~program~~ agency shall have a written agreement for the purpose of emergency medical services with a licensed hospital serving the area in which the program is located. In the absence of a licensed hospital, the ~~program~~ agency shall have an agreement with or employ a physician who is licensed by this state to respond to medical emergencies.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:17:09. Staffing and hours of operation. ~~A day treatment program~~ The agency shall ensure that there are counseling staff on duty at all times during scheduled hours of program operation. ~~A counseling staff member shall also be on call 24 hours a day, 7 days a week.~~ The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have a 24-hour-a-day, 7 day-a-week, on-call system for client access to program services in the event of an emergency.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:17:10. Continued service criteria. ~~Day treatment programs~~ The program shall document, for each client, every ~~ten~~ 14 calendar days ~~that the client meets the continued stay-~~
~~criteria specifications of the dimensions in Level II.5 of the~~ **Patient Placement Criteria for the**
Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction
Medicine. the following:

(1) That the client meets the continued service criteria for Level II.5 required in §
46:05:17:02.01;

(2) The progress and reasons for retaining the client at the present level of care; and

(3) The individualized plan of action to address the reasons for retaining the individual in
the present level of care to promote entry into a less restrictive environment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the~~
~~Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from~~
~~the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-~~
~~20701-0101. 1-800-844-8948.~~

46:05:17:11. Discharge criteria. A client ~~should~~ shall be discharged from this level of care
when the client meets the discharge criteria ~~specifications of the dimension in~~ for Level II.5 ~~of the~~

~~Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ required in § 46:05:17:02.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

~~**Reference:** American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

CHAPTER 46:05:18

Level III.2-D CLINICALLY-MANAGED RESIDENTIAL DETOXIFICATION PROGRAM

Section

46:05:18:01 Requirements for accreditation.

46:05:18:01.01 Patient placement criteria for the treatment of substance-related disorders.

46:05:18:02 Information required to be obtained at time of admission.

46:05:18:02.01 Tuberculin screening requirements.

46:05:18:03 Admission criteria.

46:05:18:04 Agreement with hospital for emergency care.

46:05:18:05 Availability of medical director.

46:05:18:06 ~~Staffing schedules~~ Staffing, training, and hours of operation.

- 46:05:18:07 Monitoring and documentation of client's condition.
- 46:05:18:08 Emergency first aid training.
- 46:05:18:09 Description of clinically-managed residential detoxification program.
- 46:05:18:10 Services required.
- 46:05:18:11 Intensity of services.
- 46:05:18:12 Continued service criteria.
- 46:05:18:13 Discharge criteria.

46:05:18:01. Requirements for accreditation. An agency accredited as a clinically-managed residential detoxification program must comply with chapters 46:05:01 to 46:05:12, inclusive, and this chapter.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27.

46:05:18:01.01. Patient placement criteria for the treatment of substance-related disorders. The program shall comply with criteria set forth in the “American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001” or “ASAM PPC-2R” for the placement, transfer, discharge or continued service reviews of any client it serves.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948. Cost \$85.00.

46:05:18:02. Information required to be obtained at time of admission. ~~The staff member~~
The agency admitting the client shall, in addition to obtaining the information required by
§ 46:05:09:07, record the following observations and information in the client's case record:

- (1) Blood pressure, pulse, and respiration;
- (2) Presence of bruises, lacerations, cuts, or wounds;
- (3) Medications the client is currently taking, particularly sedative use;
- (4) Medications carried by the client or found on the client's person;
- (5) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any client history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments, and any history of exposure to tuberculosis and any current signs or symptoms of the disease; ~~and~~
- (6) Any history of medical, psychological, or psychiatric treatment; and
- (7) Any symptoms of mental illness currently present.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-10, 34-20A-27(1)(4)(6).

46:05:18:02.01 Tuberculin screening requirements. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the onset of services by a designated staff person to determine if the client has had any of the following symptoms within the previous three months:

- (1) Productive cough for a two to three week duration;
- (2) Unexplained night sweats;
- (3) Unexplained fevers; or
- (4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months will be immediately referred to a physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis will be excluded from services until they are determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out will provide a written statement from the evaluating physician before being allowed entry for services.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30,

2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website:

www.cdc.gov/mmwr.

46:05:18.03. Admission criteria. An individual may be admitted to ~~a clinically managed residential detoxification~~ the program by personnel designated by the agency director to ensure that the client meets the specifications of the dimensions in criteria for Level III.2-D of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine required in § 46:05:18:01.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

46:05:18.04. Agreement with hospital for emergency care. The ~~program~~ agency shall have a written affiliation agreement for the provision of emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area in which the program is located. The agreement shall specify that the hospital consents to accept all transfers for prompt medical evaluation. Documentation of the reason for the transfer shall accompany all transferred clients as well as the documented history of client's vital signs. Disclosure of information about clients to the hospital shall

comply with the requirements of 42 U.S.C. §§ 290dd-3, ee-3, ~~and~~ 42 C.F.R. Part 2 (June 9, 1987),
and 45 C.F.R. Part 160-164 (April 17, 2003).

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:18:05. Availability of medical director. The ~~program~~ agency shall have a written agreement with a physician licensed by this state to serve as the medical director or shall employ a physician licensed by this state who will be primarily responsible for providing medical care to clients. The medical director's responsibilities to the program shall include ~~at least~~ the following, at a minimum:

- (1) The provision of advice on health related policies and issues;
- (2) The provision of emergency medical care to admitted clients; and
- (3) The supervision of the medical treatment provided to the clients.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL ~~34-20A-10~~, 34-20A-27(1)(4)(6).

46:05:18:06. ~~Staff schedules~~ Staffing, training, and hours of operation. The ~~clinically-managed residential detoxification program~~ agency shall operate 7 days a week, 24 hours a day whenever clients are present. When no clients are present, a staff member shall be on call to open the facility if necessary. When the ~~program~~ agency is open, a staff member shall be on duty who is

trained to respond to fires and other natural disasters as well as to administer emergency first aid and CPR, with training in these areas to be in accordance with § 46:05:18:08. The ~~program~~ agency shall ensure that each staff member is under the direct supervision of a RN, a LPN, or an EMT. A chemical dependency counselor or ~~recognized~~ counselor trainee shall be available to the clients at least 8 hours a day, 5 days a week, and available on-call, 24 hours a day. The ~~program~~ agency shall maintain written staff schedules which shall be available to the division at the time of the accreditation survey.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:18:07. Monitoring and documentation of client's condition. ~~Each clinically-managed residential detoxification~~ The program shall establish a written policy and procedure concerning the steps staff must take in monitoring a client's physical condition and responding to medical complications throughout the detoxification process. Staff ~~of the detoxification program~~ shall closely monitor the condition of all clients during detoxification and shall document the following information in the client's case record:

- (1) Blood pressure, pulse, and respiration at a frequency dependent on the degree of hypertension or hypotension, but at least three times in the first eight hours after admission and at least once every eight hours thereafter;
- (2) Physical, mental, and emotional state, including presence of confusion, anxiety, depression, hallucinations, restlessness, sleep disturbances, tremors, ataxia, or excessive perspiration;
- (3) Type and amount of fluid intake; and

(4) Other appropriate medically related information.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:18:08. Emergency first aid training. Any counseling and client supervisory staff of the program shall be trained in emergency first aid and CPR and trained to respond to fires and other natural disasters. Current certificates verifying successful completion of training shall be kept in the personnel file.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(5).

Law Implemented: SDCL 34-20A-27(1)(4)(5).

46:05:18:09. Description of clinically-managed residential detoxification program. ~~An agency that has a clinically-managed residential detoxification program shall make~~ A written description of services provided shall be available to all staff members, clients, public, and the division ~~a written description of the program~~. The description shall include the following information:

- (1) The admission criteria contained in § 46:05:18:03;
- (2) The continued ~~stay~~ service criteria contained in § 46:05:18:12;
- (3) The discharge criteria contained in § 46:05:18:13;
- (4) ~~A description of the usual length of stay;~~

(5) Policies and procedures governing ~~the client~~ use of alcohol or drugs ~~by clients~~ while participating in the program; and

(6) (5) A description of the services and program activities to be provided including a description of the frequency and duration.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:18:10. Services required. The program may provide its clients with a variety of treatment services, but it ~~must~~ shall provide the following services, at a minimum:

(1) Initial assessment and planning ~~in accordance with~~ pursuant to § 46:05:09:07, which shall also include an evaluation relative to the client's treatment potential and a determination of the appropriate level of treatment;

(2) ~~Treatment planning in accordance with~~ § 46:05:09:09;

(3) Housing and dietary services ~~in accordance with chapter~~ pursuant to chapters 46:05:11, 46:05:12 and 44:04:20;

(4)(3) Medical care, which must include:

(a) Tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, 1992); and

(b) Emergency medical and hospital services provided by a licensed hospital serving the area in which the program is located, which shall be documented in an affiliation agreement for the provision of emergency, inpatient, and ambulatory medical services;

~~(5)~~(4) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

~~(6)~~(5) Individual, group, and family counseling, including progress note documentation pursuant to § 46:05:09:10, based upon an evaluation by a chemical dependency counselor or counselor trainee who shall:

(a) Assess the client's needs;

(b) Provide information about alcohol and drug abuse programs whose capabilities most nearly match the client's needs;

(c) Encourage the client to use alcohol and drug abuse programs for long range rehabilitation; and

(d) Refer the client to alcohol and drug abuse services ~~in accordance with the client's treatment plan~~ pursuant to the initial assessment and in compliance with the requirements of 42 U.S.C. §§ 290 dd-3, ee-3, and 42 C.F.R. Part 2 (June 9, 1987), and 45 C.F.R. Parts 160 and 164 (April 17, 2003);

~~(7)~~(6) Family counseling, and educational services for family members, including significant others, who are involved in the client's treatment program; and

~~(8)~~(7) Referral to community programs that offer educational, vocational, social, ~~psychological~~ mental health, employment, and legal services to persons who abuse alcohol or drugs and to the families.

~~A clinically managed residential detoxification~~ The program may provide other services not named in this article if the provision of such services is consistent with the effective treatment of its client's alcohol- and drug-related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Cross-Reference: Inpatient chemical dependency treatment facility, chapter 44:04:20.

46:05:18:11. Intensity of services. ~~A clinically managed residential detoxification~~ The program shall provide daily to each client a minimum of ~~three hours~~ 90 minutes of any combination of the services listed in subdivisions 46:05:18:10 (5) and (6).

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:18:12. Continued service criteria. ~~The clinically managed residential detoxification~~ program shall document, for each client, every two calendar days ~~that the client meets the continued-stay criteria specifications of the dimensions in Level III.2-D of the~~ **Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine** ~~the following:~~ the following:

(1) That the client meets the continued service criteria for Level III.2-D required in §
46:05:18:01.01

(2) The progress and reasons for retaining the client at the present level of care; and

(3) The individualized plan of action to address the reasons for retaining the individual in the present level of care to promote entry into a less restrictive environment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

46:05:18:13. Discharge criteria. A client ~~should~~ shall be discharged from ~~the clinically-managed residential detoxification program~~ this level of care when the client meets the discharge criteria specifications of the dimensions in for Level III.2-D of the ~~Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ required in § 46:05:18:01.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

~~Reference: American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

CHAPTER 46:05:19

LEVEL III.7 MEDICALLY-MONITORED INTENSIVE INPATIENT TREATMENT PROGRAM FOR ADULTS AND LEVEL ~~III~~ III.7 MEDICALLY-MONITORED INTENSIVE INPATIENT TREATMENT PROGRAM FOR ADOLESCENTS

Section

- 46:05:19:01 Requirements for accreditation.
- 46:05:19:02 Medical evaluation and laboratory work required upon admission.
 - 46:05:19:02.01 Tuberculin screening requirements.
- 46:05:19:03 Medical evaluation and laboratory work within 72 hours after admission.
- 46:05:19:04 ~~Substance abuse screening tests~~ Drug and alcohol testing of clients.
- 46:05:19:05 Availability of medical director.
- 46:05:19:06 Agreement with licensed hospital required.
- 46:05:19:07 Staffing, training, and hours of operation.
- 46:05:19:08 Description of Level III.7 medically-monitored intensive inpatient treatment program for adults.
 - 46:05:19:08.01 Patient placement criteria for substance-related disorders.
- 46:05:19:09 Admission criteria for Level III.7 medically-monitored intensive inpatient treatment program for adults.

- 46:05:19:10 Services required for Level III.7 medically-monitored intensive inpatient treatment program for adults.
- 46:05:19:11 Intensity of services for adults.
- 46:05:19:12 Additional support services to be available for adults.
- 46:05:19:13 Description of Level ~~II~~ III.7 medically-monitored intensive inpatient treatment program for adolescents.
- 46:05:19:14 Admission criteria for Level ~~II~~ III.7 medically-monitored intensive inpatient treatment program for adolescents.
- 46:05:19:15 Services required for Level ~~II~~ III.7 medically-monitored intensive inpatient treatment program for adolescents.
- 46:05:19:16 Intensity of services for adolescents.
- 46:05:19:17 Additional support services to be available for adolescents.
- 46:05:19:18 Continued service criteria.
- 46:05:19:19 Discharge criteria.

46:05:19:01. Requirements for accreditation. An agency accredited as a medically-monitored intensive inpatient treatment program must comply with chapters 46:05:01 to 46:05:12, inclusive, and this chapter.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27~~(1)(4)(6)~~.

Law Implemented: SDCL 34-20A-27.

46:05:19:02. Medical evaluation and laboratory work required upon admission. At the time of admission, each client's blood pressure, pulse, and respiration shall be evaluated and recorded

in the client's case record. Within 8 hours after admission, each client shall receive a medical evaluation conducted by an RN or an LPN, which shall include an assessment of:

- (1) Blood pressure, pulse, and respiration, recorded two additional times by staff trained to perform these tests;
- (2) Mental and emotional status;
- (3) Any bruises, lacerations, cuts, wounds, or other medical conditions;
- (4) Current medication use, particularly sedative use and medications being carried by the client;
- (5) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments; and
- (6) A drug and alcohol use history.

The results of this medical evaluation shall be provided to the program physician for the purpose of determining whether the client needs more extensive and immediate examination to determine the appropriateness of the admission.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:02.01 Tuberculin screening requirements. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the onset of services by a designated staff person to determine if the client has had any of the following symptoms within the previous three months:

(1) Productive cough for a two to three week duration;

(2) Unexplained night sweats;

(3) Unexplained fevers; or

(4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months will be immediately referred to a physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis will be excluded from services until they are determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out will provide a written statement from the evaluating physician before being allowed entry for services.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website: [www.cdc.gov/mmwr.](http://www.cdc.gov/mmwr)

46:05:19:03. Medical evaluation and laboratory work within 72 hours after admission.

Within 72 hours after admission, each client shall have:

- (1) A complete blood count, ~~a tuberculin skin test given in accordance with Department of Health clinically accepted test procedures~~ and a urinalysis; and
- (2) A complete physical examination by or under the supervision of a physician licensed by this state, who shall also evaluate the results of the tests conducted.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:04. ~~Substance abuse screening tests~~ Drug and alcohol testing of clients. ~~A medically-monitored intensive inpatient treatment~~ The program shall have testing available for the purpose of detecting the presence of alcohol and any illegal or controlled substances substance in clients. ~~A program shall use tests~~ Tests shall be used that are widely recognized as possessing sufficient sensitivity to detect the presence of substances in low ~~quantities~~ quantity. ~~A~~ The program shall establish ~~and enforce~~ policies and procedures to govern the collection and handling of urine specimens when ~~such~~ testing is indicated. All test results shall be documented in the client's case record. The case record shall ~~also~~ document the manner in which the test results are used.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:05. Availability of medical director. ~~A medically monitored intensive inpatient treatment program~~ The agency shall have a written agreement with a physician licensed by this state to serve as the medical director or shall employ a physician licensed by this state who shall be primarily responsible for providing medical care to the clients. The medical director's responsibilities to the program shall include ~~at least~~ the following, at a minimum:

- (1) The provision of advice on health related policies and issues;
- (2) The provision of emergency medical care to admitted clients;
- (3) The supervision of the performance of the medical examination and laboratory tests required upon the clients admission to the program and the evaluation of resultant test results; and
- (4) The supervision of the medical treatment provided to the clients.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL ~~34-20A-10~~, 34-20A-27(1)(4)(6).

46:05:19:06. Agreement with licensed hospital required. The agency shall have a formal written agreement for the provision of emergency medical services with a licensed hospital serving the area in which the agency is located.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:07. Staffing, training, and hours of operation. ~~A medically-monitored intensive inpatient treatment program~~ The agency shall have a staff member trained to respond to fires and other natural disasters, as well as to administer emergency first aid and CPR on duty at all times. Training and annual training updates in each of these areas shall be documented in personnel files. There shall be nursing staff on call 24 hours a day, 7 days a week. Counseling staff shall be on duty at all times during scheduled hours of program operation. Counseling staff shall be on-call 24 hours a day, 7 days a week.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:08. Description of Level III.7 medically-monitored intensive inpatient treatment program for adults. ~~Agencies that have a Level III.7 medically-monitored intensive inpatient treatment program for adults shall make~~ A written description of the services provided shall be made available to all staff members, clients, public, and the division ~~a written description of that program.~~ The description shall include the following information:

- (1) The admission criteria contained in § 46:05:19:09;
- (2) The continued ~~stay~~ service criteria contained in § 46:05:19:18;
- (3) The discharge criteria contained in § 46:05:19:19;
- (4) Policies and procedures governing ~~the client~~ use of alcohol or drugs ~~by clients~~ while participating in the inpatient program; and
- (5) ~~A description of the usual length of stay for clients; and~~

(6) A description of the services and program activities to be provided including a description of the frequency and duration.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:19:08.01. Patient placement criteria for the treatment of substance-related disorders. The program shall comply with criteria set forth in the “American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001” or “ASAM PPC-2R” for the placement, transfer, discharge or continued service reviews of any client it serves.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948. Cost \$85.00.

46:05:19:09. Admission criteria for Level III.7 medically-monitored intensive inpatient treatment program for adults. An individual may be admitted to ~~Level III.7 medically-monitored intensive inpatient treatment~~ the program for adults by personnel designated by the agency director to

ensure that the client meets the specifications of the dimensions in criteria for Level III.7 of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine required in § 46:05:19:08.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders~~, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.

46:05:19:10. Services required for Level III.7 medically-monitored intensive inpatient treatment program for adults. The ~~treatment~~ program may provide its clients with a variety of treatment services, but it must provide the following services, at a minimum:

(1) Medical care which must include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, 1992);

(2) ~~Treatment needs~~ An assessment ~~in accordance with~~ pursuant to § 46:05:09:08;

(3) Housing and dietary service ~~in accordance with~~ pursuant to chapters 46:05:11 and ~~46:05:12~~ 46:05:11, 46:05:12 and 44:04:20;

(4) Treatment planning ~~in accordance with~~ pursuant to § 46:05:09:09;

(5) ~~Treatment plan review~~ in accordance with § 46:05:09:11 Continued service criteria;

(6) Individual and group counseling including progress note documentation pursuant to § 46:05:09:10;

(7) Family counseling and education services for family members, including significant others, who are involved in the client's treatment program;

(8) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;

(9) Recreation and leisure time activities; ~~and~~

(10) Continued care planning-~~and discharge documentation pursuant to § 46:05:09:12; and~~

(11) Case management services including the services listed in § 46:05:19:12 and liaison between the client and the courts, social service agencies, schools, employment agencies, consumer credit counseling services, or legal services.

~~A Level III.7 medically monitored intensive inpatient treatment~~ The program for adults may provide other services not named in this article if the provision of such services is consistent with the effective treatment of its client's alcohol- and drug-related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Cross-Reference: Inpatient chemical dependency treatment facility, chapter 44:04:20.

46:05:19:11. Intensity of services for adults. ~~A Level III.7 medically monitored intensive inpatient treatment~~ The program for adults shall provide daily to each client a combination of ~~any of~~

~~the services listed in subdivisions 46:05:19:10 (6) and (7) either individual, group, or family counseling which shall total a minimum of 21 hours per week. The program shall provide each client with a minimum of 30 hours of these services per week. The program shall also provide a minimum of nine hours of additional services on specialized topics which address the specific needs of the client. The additional services shall be identified on the client's treatment plan or continued stay review. These services shall be provided by an individual trained in the specific topic presented.~~

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:19:12. Additional support services to be available for adults. ~~The Level III.7 medically-monitored intensive inpatient treatment program for adults shall document in a written directory complete with addresses and telephone numbers, the names of credentialed service providers available to its clients that can provide its clients with the following support services:~~

- (1) Psychological or psychiatric assessment services sufficient to diagnose psychiatric disorders and organic brain impairment, and to determine level of intellectual functioning;
- (2) Vocational evaluation and counseling;
- (3) Social and ~~psychological~~ mental health services;
- (4) Continued care counseling;
- (5) Legal services; and
- (6) Pastoral counseling.

The directory shall be available to clients at all times and to the division at the time of the inspection.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:13. Description of Level ~~III~~ III.7 medically-monitored intensive inpatient treatment program for adolescents. ~~An agency which has a Level III medically-monitored intensive inpatient treatment program for adolescents program shall make~~ A written description of the services provided shall be available to all staff members, clients, public, and the division ~~a written description of that program.~~ The description shall include the following information:

- (1) The admission criteria contained in § 46:05:19:14;
- (2) The continued service criteria contained in § 46:05:19:18;
- (3) The discharge criteria contained in § 46:05:19:19;
- (4) Policies and procedures governing ~~the client~~ the client use of alcohol or drugs ~~by clients while participating in the program; and~~
- (5) ~~A description of the usual length of stay for clients; and~~
- (6) ~~A description of the services and program activities to be provided~~ including a description of the frequency and duration.

Source: 24 SDR 168, effective June 10, 1998; 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:19:14. Admission criteria for Level ~~III~~ III.7 medically-monitored intensive inpatient treatment program for adolescents. An individual may be admitted to ~~Level III medically-monitored intensive inpatient treatment~~ the program for adolescents by personnel designated by the agency director to ensure that the client meets the ~~specifications of the dimensions in criteria for Level III III.7 of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ required in § 46:05:19:08.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

46:05:19:15. Services required for Level ~~III~~ III.7 medically-monitored intensive inpatient treatment program for adolescents. ~~A Level III medically-monitored intensive inpatient treatment~~ The program for adolescents shall provide at least the following services, at a minimum:

(1) Medical care which must include the availability of tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, 1992);

- (2) ~~Treatment needs~~ An assessment in accordance with pursuant to § 46:05:09:08;
- (3) Housing and dietary service ~~in accordance with pursuant to chapters 46:05:11 and 46:05:12~~ 46:05:11, 46:05:12 and 44:04:20;
- (4) Treatment planning ~~in accordance with pursuant to § 46:05:09:09;~~
- (5) ~~Treatment plan review in accordance with § 46:05:09:11~~ Continued service criteria;
- (6) Individual and group counseling including progress note documentation pursuant to § 46:05:09:10;
- (7) Family counseling and education services for family members, including significant others, who are involved in the client's treatment program;
- (8) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;
- (9) Educational programming;
- (10) Recreation and leisure time activities; ~~and~~
- (11) Continued care planning; and discharge documentation pursuant to § 46:05:09:12; and
- (12) Case management services to include the services listed in § 46:05:19:12 and liaison between the client and the courts, social service agencies, schools, employment agencies, consumer credit counseling services, or legal services.

The program may provide other services not named in this article if the provision of such services is consistent with the effective treatment of its client's alcohol- and drug-related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:16. Intensity of services for adolescents. The program shall include at least 15 hours per week of any combination of ~~the services listed in subdivisions 46:05:19:15 (6) and (7)~~ either individual, group, or family counseling services.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:19:17. Additional support services to be available for adolescents. The ~~Level III~~ ~~medically-monitored intensive inpatient treatment program for adolescents~~ shall document in a written directory complete with addresses and telephone numbers, the names of credentialed service providers available to ~~its clients that can~~ provide its clients with the following support services:

- (1) Psychological or psychiatric assessment services sufficient to diagnose psychiatric disorders and organic brain impairment, and to determine level of intellectual functioning;
- (2) Vocational evaluation and counseling;
- (3) Social and ~~psychological~~ mental health services;
- (4) Continued care counseling;
- (5) Legal services; and
- (6) Pastoral counseling.

The directory shall be available to clients at all times and to the division at the time of the inspection.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:19:18. Continued service criteria. ~~A medically-monitored intensive inpatient treatment~~ The program shall document, for each client, every ~~seven~~ 14 calendar days ~~that the client meets the continued stay criteria specifications of the dimensions in Level III.7 or Level III of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine.~~ the following:

(1) That the client meets the continued service criteria for Level III.7 for adults or Level III.7 for adolescents required in § 46:05:19:08.01;

(2) The progress and reasons for retaining the client at the present level of care; and

(3) The individualized plan of action that addresses the reasons for retaining the individual in the present level of care to promote entry into a less restrictive environment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from~~

~~the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-
20701-0101. 1-800-844-8948.~~

46:05:19:19. Discharge criteria. A client ~~should~~ shall be discharged from this level of care when the client meets the discharge criteria ~~specifications of the dimensions in for~~ Level III.7 ~~or~~ Level III of the **Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine** required in § 46:05:19:08.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

CHAPTER 46:05:20

LEVEL III.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL TREATMENT PROGRAM

Section

46:05:20:01 Requirements for accreditation.

46:05:20:02 Description of Level III.1 clinically-managed low-intensity residential treatment program.

46:05:20:02.01 Patient placement criteria for substance-related disorders.

46:05:20:03 Admission criteria.

46:05:20:04 Services required.

46:05:20:05 Intensity of services.

46:05:20:06 Additional support services to be available.

46:05:20:06.01 Drug and alcohol testing of clients.

46:05:20:07 Admission medical examination.

46:05:20:07.01 Tuberculin screening requirements.

46:05:20:08 Continued service criteria.

46:05:20:09 Staffing, training, and hours of operation.

46:05:20:10 Discharge criteria.

46:05:20:01. Requirements for accreditation. An agency accredited as a Level III.1 clinically-managed low-intensity residential treatment program must comply with chapters 46:05:01 to 46:05:12, inclusive, and this chapter.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27.

46:05:20:02. Description of Level III.1 clinically-managed low-intensity residential treatment program. ~~An agency which has a long-term residential program shall make a~~ A written

description of ~~that program~~ the services provided shall be available to all staff members, clients, public, and the division. The description shall include the following information:

- (1) The admission criteria contained in § 46:05:20:03;
- (2) The continued service criteria contained in § 46:05:20:08;
- (3) The discharge criteria contained in § 46:05:20:10;
- (4) Policies and procedures governing ~~the client~~ use of alcohol or drugs ~~by clients~~ while participating in the low-intensity program; and
- (5) ~~A description of the usual length of stay for clients; and-~~
- (6) ~~A description of the services and program activities to be provided~~ including a description of the frequency and duration.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:20:02.01. Patient placement criteria for the treatment of substance-related disorders. The program shall comply with criteria set forth in the “American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001” or “ASAM PPC-2R” for the placement, transfer, discharge or continued service reviews of any client it serves.

Source:

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised, 2001. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948. Cost \$85.00.

46:05:20:03. Admission criteria. An individual may be admitted to a ~~Level III.1 clinically-managed low-intensity residential treatment~~ the program by personnel designated by the agency director to assure that the client meets the ~~specifications in the dimension of~~ criteria for Level III.1 of ~~the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ required in § 46:05:20:02.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

~~Reference: American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD-20701-0101. 1-800-844-8948.~~

46:05:20:04. Services required. The program may provide its clients with a variety of treatment services, but, it must provide the following services, at a minimum:

(1) ~~Treatment needs~~ An assessment ~~in accordance with~~ pursuant to § 46:05:09:08;

- (2) Treatment planning ~~in accordance with~~ pursuant to § 46:05:09:09;
- (3) ~~Treatment plan review in accordance with § 46:05:09:11~~ Continued service criteria;
- (4) Housing and dietary service ~~in accordance with~~ pursuant to chapters ~~46:05:11 and 46:05:12~~ 46:05:11, 46:05:12 and 44:04:20;
- (5) Individual and group counseling including progress note documentation pursuant to § 46:05:09:10;
- (6) Family counseling and education services for family members, including significant others, who are involved in the client's treatment program;
- (7) Case management services, ~~such as referral~~ to include the services listed in § 46:05:20:06 and liaison between the client and the courts, social service agencies, schools, employment agencies, and other drug and alcohol service providers;
- (8) Arts and crafts or work therapy (Clients may not be required to participate in more than 40 hours of work therapy per week);
- (9) Physical exercise;
- (10) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and education regarding tuberculosis and the human immunodeficiency virus, how each is transmitted and how to safeguard against transmission;
- (11) Recreational and leisure time activities; and
- (12) Continued care planning and discharge documentation pursuant to § 46:05:09:12.

~~A Level III.1 clinically managed low intensity residential treatment~~ The program may provide other services not named in this article if the provision of such services is consistent with the effective treatment of its client's alcohol- and drug-related conditions.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Cross-Reference: Inpatient chemical dependency treatment facility, chapter 44:04:20.

46:05:20:05. Intensity of services. ~~A Level III.1 clinically managed low intensity residential treatment~~ The program shall provide each client a minimum of five hours of any of the services listed in subdivision 46:05:20:04 (5) individual and group counseling each week. Clients may not be required to participate in more than 40 hours of work therapy per week.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4).

Law Implemented: SDCL 34-20A-27(1)(4).

46:05:20:06. Additional support services to be available. ~~The Level III.1 clinically managed low intensity treatment~~ program shall document in a written directory complete with addresses and telephone numbers, the names of credentialed service providers available to its clients that can provide clients with the following support services:

(1) Medical care, which must include:

(a) Emergency medical services provided by a licensed hospital serving the area in which the program is located or, in the absence of a licensed hospital, by a physician licensed by this state; and

(b) Tuberculosis and human immunodeficiency virus services pursuant to 42 U.S.C. § 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, 1992);

- (2) Vocational evaluation and counseling;
- (3) Educational evaluation and counseling;
- (4) Social and ~~psychological~~ mental health services;
- (5) Continued care counseling;
- (6) Legal services; and
- (7) Pastoral counseling.

The directory shall be available to clients at all times and to the division at the time of the inspection.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:20:06.01. Drug and alcohol testing of clients. The program shall have testing available for the purpose of detecting the presence of alcohol and any illegal or controlled substance in clients. Tests shall be used that are widely recognized as possessing sufficient sensitivity to detect the presence of substances in low quantity. The program shall establish policies and procedures to govern the collection and handling of urine specimens when testing is indicated. All test results shall be documented in the client's case record. The case record shall also document the manner in which the test results are used.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:20:07. Admission medical examination. A person admitted to a ~~Level III.1 clinically-managed low-intensity residential treatment~~ the program must have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission. The agency shall require that the results of the examination be provided to the program prior to or at the time of admission. If an examination has not been conducted or the results are not available, the program shall assure that a medical examination occurs within ~~72 hours~~ five calendar days after admission. The results of all medical examinations shall be placed in the case record. The staff shall consider the client's medical health in the development of the treatment plan.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:20:07.01 Tuberculin screening requirements. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the onset of services by a designated staff person to determine if the client has had any of the following symptoms within the previous three months:

- (1) Productive cough for a two to three week duration;
- (2) Unexplained night sweats;
- (3) Unexplained fevers; or
- (4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months will be immediately referred to a physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis will be excluded from services until they are determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out will provide a written statement from the evaluating physician before being allowed entry for services.

Source:

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website: www.cdc.gov/mmwr.

46:05:20:08. Continued service criteria. ~~The Level III.1 clinically managed low intensity residential treatment program shall document, for each client, every 14 30 calendar days that the client meets the continued stay criteria specifications of the dimensions in Level III.1 of the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine.~~ the following:

(1) That the client meets the continued service criteria for Level III.1 required in §

46:05:20:02.01;

(2) The progress and reasons for retaining the client at the present level of care; and

(3) The individualized plan of action that addresses the reasons for retaining the individual in the present level of care to promote entry into a less restrictive environment.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

46:05:20:09. Staffing, training, and hours of operation. ~~A Level III.1 clinically managed low-intensity residential treatment program~~ The agency shall operate 7 days a week, 24 hours a day. ~~Programs~~ The agency shall have a staff member trained to respond to fires and other natural disasters as well as to administer emergency first aid and CPR on duty at all times. Training and annual training updates in each of these areas shall be documented in personnel files. There shall be nursing ~~coverage~~ staff on-call 24 hours a day, 7 days a week. Counseling staff shall be on duty during normal daytime hours. Counseling staff shall be on-call, 24 hours a day, 7 days a week.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(4)(6).

Law Implemented: SDCL 34-20A-27(1)(4)(6).

46:05:20:10. Discharge criteria. A client ~~should~~ shall be discharged from the ~~Level III.1 clinically-managed low-intensity residential treatment program~~ this level of care when the client meets the discharge criteria ~~specifications of the dimensions in~~ for Level III.1 of the ~~Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine~~ required in §46:05:20:02.01.

Source: 24 SDR 168, effective June 10, 1998.

General Authority: SDCL 34-20A-27(1)(3)(4).

Law Implemented: SDCL 34-20A-27(1)(3)(4).

Reference: ~~American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders, 1996 edition. Copies may be obtained from the American Society of Addiction Medicine Publications, PO Box 101, Annapolis Junction, MD 20701-0101. 1-800-844-8948.~~

CHAPTER 46:05:21

GAMBLING PROBLEMS PROGRAMS

Section

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46:05:21:01. Requirements for accreditation. An agency accredited as a gambling treatment program must comply with chapters 46:05:01 to 46:05:12, inclusive, and this chapter.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:02. Description of gambling treatment programs. ~~An agency which has a gambling program shall make a~~ A written description of that program services provided shall be available to all staff members, clients, public, and the division. The description shall include the following information:

(1) ~~Written admission criteria to be used in client screening and in determining client appropriateness~~ The admission criteria contained in § 46:05:21:03;

(2) ~~Written continued service criteria to be used in determining continuing level of care~~ The continued service criteria contained in § 46:05:21:07;

(3) ~~Written discharge criteria for gambling programs~~ The discharge criteria contained in § 46:05:21:09;

(4) ~~A description of the usual length of stay for clients~~ Policies and procedures governing client use of alcohol or drugs while participating in the gambling program; and

(5) A description of ~~the~~ services and program activities to be provided including a description of the frequency and duration.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:03. Admission criteria. An individual may be admitted to a gambling program by personnel designated by the agency director to assure that the client meets the admission criteria developed by the agency.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:03.01 Tuberculin screening requirements. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the onset of Level II.5, III.1, or III.7 services by a designated staff person to determine if the client has had any of the following symptoms within the previous three months:

(1) Productive cough for a two to three week duration;

- (2) Unexplained night sweats;
- (3) Unexplained fevers; or
- (4) Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months will be immediately referred to a physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis will be excluded from services until they are determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out will provide a written statement from the evaluating physician before being allowed entry for services.

Source:

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

Reference: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005, December, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, Recommendations and Reports," December 30, 2005/Vol. 54/No.RR-17. Copies are available free of charge from the following website: www.cdc.gov/mmwr.

46:05:21:04. Services required. An early intervention gambling program may provide its clients with a variety of treatment services, but it ~~must~~ shall provide, at a minimum, initial

assessment and planning in accordance with § 46:05:09:07. All other levels of gambling programs ~~as provided in § 46:05:09:08 must~~ shall provide the following services, at a minimum:

(1) ~~Treatment needs~~ An assessment ~~in accordance with~~ pursuant to § 46:05:09:08 including:

(a) The client's gambling history. The history ~~should~~ shall reflect age of first bet, types of betting, onset of compulsive behavior, most lost and most won, how the action feels, episodes of chasing, and episodes of disassociation;

(b) Collateral contacts for evaluation purposes must be completed;

(c) A detailed financial history ~~should~~ shall be taken, including all debts, past bankruptcies, judgments, credit counseling, and bailouts. This financial history also needs to include how the money is currently handled and possible support systems to allow the compulsive gambler to deal with financial issues without the use of large amounts of cash, checks, or credits cards;

(d) A general health summary, which ~~must~~ shall include possible withdrawal symptoms related to the gambling along with stress related/induced problems. The general health summary should be verified through collateral contact when possible. This is also beneficial in terms of medication compliance;

(e) A history of emotional and behavioral problems including any prior mental health services;

(2) Treatment planning ~~in accordance with~~ pursuant to § 46:05:09:09;

(3) ~~Treatment plan review in accordance with § 46:05:09:11~~ Continued service criteria;

(4) Individual and group counseling including progress note documentation pursuant to § 46:05:09:10;

(5) Family counseling and education services on gambling for family members, including significant others, who are involved in the client's treatment program;

(6) Case management services, such as referral to the services listed in § 46:05:21:06 and liaison between the client and the courts, social service agencies, schools, employment agencies, consumer credit counseling services, or legal services, ~~etc.~~;

(7) Education regarding gambling addiction, including the psychological effects of gambling and the importance of the treatment recovery process;

(8) Education regarding recreational and leisure time activities and continued care planning.

A gambling program, no matter what level of service, may provide other services not named in this article if the provision of such services is consistent with the effective treatment of the client's gambling addiction.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:05. Intensity of services. An agency accredited for gambling shall provide ~~each~~ ~~client~~ the following services, at a minimum:

(1) Outpatient services up to 9 hours per week, one hour must be gambling specific;

(2) Intensive outpatient treatment a minimum of 9 hours per week, 6 hours must be gambling specific;

(3) Day treatment a minimum of 20 hours per week, ~~6~~ 10 hours must be gambling specific;
~~and or~~

(4) Level III.7 medically-monitored intensive inpatient treatment a minimum of 30 hours per week, ~~40~~ 15 hours must be gambling specific.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:06. Additional support services to be available. The ~~gambling~~ program shall document in a written directory complete with addresses and phone numbers, the names of credentialed service providers available to ~~its clients that can~~ provide clients with the following support services:

(1) Medical care, which must include emergency medical services provided by a licensed hospital serving the area in which the program is located or, in the absence of a licensed hospital, by a physician licensed by this state;

(2) Vocational evaluation and counseling;

(3) Education evaluation and counseling;

(4) Social and ~~psychological~~ mental health services;

(5) Legal services;

(6) Pastoral counseling;

(7) Financial counseling; and

(8) Continued care counseling.

The directory shall be available to clients at all times and to the division at the time of the inspection.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:07. Continued service criteria. The ~~gambling~~ program shall document for each client ~~that the client meets the dimensional continued stay criteria as follows: (1) every 10 days for early intervention clients; (2) thirty~~ the continued service criteria every 30 calendar days for outpatient service clients; and ~~(3) every 10~~ 14 calendar days for ~~day treatment and level III.7 medically monitored intensive inpatient treatment program that the client meets Level II.1, II.5, or III.7 clients.~~ The continued stay service criteria ~~which~~ shall include:

- (1) Intervening biomedical events which have been serious enough to interrupt treatment services;
- (2) A review of emotional and behavioral conditions and complications that cannot be addressed in the level of care the client was admitted to;
- (3) A review of the client's acceptance or resistance to treatment of the gambling problem;
- (4) A review of the client's relapse or continued gambling potential; and
- (5) A review of the client's discharge environment.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:08. Staffing, training, and hours of operation. ~~An agency that is accredited as a gambling program~~ The agency shall operate and have staff available to the level of service for which the agency is accredited. Counseling staff shall be available on-call 24 hours a day, 7 days a

week. Staff providing gambling services must be trained in crisis intervention and used in accordance with the agency's personnel policy and procedures.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.

46:05:21:09. Discharge criteria. ~~A discharge summary shall be written for all clients who participated in residential, outpatient, and early intervention gambling programs. The summary shall be included in the client case record and shall include the following information:~~

- ~~(1) The reason for admission;~~
- ~~(2) The client's problems, treatment, and response to treatment;~~
- ~~(3) The reason for discharge; and~~
- ~~(4) The aftercare plan and referrals made.~~

A client being discharged from the program shall meet the discharge criteria developed by the agency and documented in the discharge summary in accordance with § 46:05:09:12.

Source: 26 SDR 64, effective November 16, 1999.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27.